

# **Research Project Portfolio**



## **Conceptualising experiences of deployment for partners of currently serving military personnel**

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## **Thesis abstract**

The Armed Forces Covenant (2016) proposes that serving people and their families should not be disadvantaged compared to other citizens, yet there is evidence of mental health inequalities for UK military partners, impacted on by the deployment cycle. A qualitative investigation of military partners' experiences from the perspective of cultural, feminist, and psychological theory can inform understanding of the impact of deployment and coping styles. This understanding could inform strategies and interventions to promote wellbeing. The research aimed to construct the experiences of UK military partners in relation to all stages of the deployment cycle by drawing on pertinent existing theories of cultural psychology, feminist psychology, social identity, structural family therapy and stress appraisal. Further, cultural competence amongst health-care professionals is essential to understand the influence of military culture on partners' mental health behaviours, help-seeking, and therapeutic relationships within clinical practice in a wide range of settings.

Underpinned by a social constructionist approach, inductive-deductive Thematic Analysis (Braun & Clarke, 2006) was conducted on secondary data collected via open-ended online survey questions. Qualitative Responses were analysed from 388 participants; most were women.

Four themes were constructed: 1) Powerlessness; 2) Tensions between multiple identities; 3) Coping expectations and the conflicting reality; and 4) Cycling through transitions; all of which varied and changed at different stages of deployment and impacted on the military partners' perceived wellbeing and mental health.

The influence of power within the military culture was highlighted along with the ways in which military partners perceive and are impacted upon by the multiple types of social power (French & Raven, 1959), demonstrating inequalities amongst a group of marginalised

women. Military partners expressed the identities that were desired, enacted or placed upon them; the benefits of such identities but also the challenges that developed with multiple, competing or conflicting identities and associated roles. Military partners' methods of coping varied, though the perception of coping with the threat of deployment and other, multiple transitional changes throughout the deployment cycle, appeared to contribute to a sense of psychological adjustment and wellbeing, somewhat supporting Lazarus and Folkman's theory (1987) and structural family principles. This research offered new contributions relating to the complexity of the deployment cycle and the wider difficulties experienced by a marginalised group of (mostly) women relating to power, identity, and coping.

As such, it would be important for the military organisation to understand the impact on partners and offer more support and knowledge for military partners, potentially through information to reduce the impact of informational power on partners' distress. Community psychology-based approaches, such as collaborative coproduction of psychoeducational information and peer support opportunities, may be beneficial in supporting the health and wellbeing of military partners. Future research should consider the effectiveness, applicability and perceived usefulness of such collaboration opportunities.

## **Acknowledgements**

Firstly, I wanted to acknowledge and thank my supervisors for your support during my thesis; there have been a few hurdles along the way, but we got there in the end! I have learnt a lot throughout the process and have been supported to link several of my interests together through the research.

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### **Statement of contribution**

**Systematic Literature Review:** Designed, conducted, analysed and written up for academic submission by Charlotte Hassett, with supervision from Dr Rachel Sabin-Farrell and Dr Thomas Schröder. Later, further amendments were made by all three authors in preparation for submission to a journal and following peer reviewers' comments for submission to a journal, however unpublished.

**Thesis: Project design:** Charlotte Hassett, with supervision from Dr Rachel Sabin-Farrell, Dr Thomas Schröder and Dr Anna Tickle

**Thesis: Applying for ethical approval:** Dr Rachel Sabin-Farrell sought initial ethical approval, as an existing named researcher, to add additional researchers onto the existing ethical approval from secondary approval. Charlotte Hassett later made other additional amendment to add Dr Anna Tickle.

**Thesis: Writing the review of literature:** Charlotte Hassett, with supervision from Dr Rachel Sabin-Farrell and Dr Anna Tickle

**Thesis: Recruiting participants and data collection:** The research study utilised secondary data. Participant recruitment and data collection was conducted by Dr Charlene Bennett (2017), as part of the requirements for the Doctorate in Clinical Psychology (unpublished thesis), supervised by Dr Rachel Sabin-Farrell and Dr Nima Moghaddam.

**Thesis: Data preparation:** Charlotte Hassett, with supervision from Dr Anna Tickle and Dr Rachel Sabin-Farrell

**Thesis: Data analysis:** Charlotte Hassett, with supervision from Dr Anna Tickle and Dr Rachel Sabin-Farrell

**Thesis: Write up:** Charlotte Hassett, with supervision from Dr Anna Tickle and Dr Rachel Sabin-Farrell

**Small scale research project:** Charlotte Hassett, with supervision from Dr Mark Gresswell and Dr Sarah Wilde.

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## **Systematic Literature Review**

**The impact of deployment on mental health: a qualitative meta-synthesis of military partners' experiences.**

## **Abstract**

**Background:** Experiences of military partners have mainly been researched using quantitative methods, neglecting in-depth exploration of the reasons for the impact of deployment on military partners' mental health.

**Aims:** To review qualitative studies of military partners' experiences of deployment and its perceived impact on their mental health.

**Method:** A systematic search of five electronic databases and subsequent hand searches identified 12 studies meeting the inclusion criteria. Following quality appraisal of the studies, a thematic synthesis was conducted to identify analytical themes.

**Results:** Five themes were identified: "emotional health" (emotions: too many or too few, fear and uncertainty, anger); "social support and wellbeing"; "partners' needs second to those serving"; "resilience and strength" and "growing closer or growing apart".

**Conclusions:** Deployment can affect military partners' mental health, leaving them feeling emotionally overwhelmed or avoidant. Some partners develop independence and strength through deployment and experience greater closeness within the relationship. Partners' experience of mental health difficulties are influenced by their support systems, communication within their relationship, and their ability to attend to their own needs rather than suppress them to prioritise the other partner's needs. Future qualitative research should explore the differential mental health impact of military partners' experiences and include the UK.

The authors have no conflicts of interest to declare.

**Keywords:** military partners; deployment; mental health; qualitative; thematic synthesis.

## **Background**

The impact of deployment on military personnel and veterans has been well researched particularly in the United States of America (USA) (Bøgg, Filges, & Jørgensen, 2018) and the United Kingdom (UK) (MacManus et al., 2014; Samele, 2013). Reviews have explored the impact on families (Sheppard, Weil-Malattras, & Israel, 2010; White, De Burgh, Fear, & Iversen, 2011) and though research into the experiences of partners of military personnel is developing, less is known about these “overlooked casualties of war” (Bateman, 2009). For the purposes of this review, ‘partners’ refers to anyone who would describe themselves as being in an intimate relationship with someone serving in the military.

In the USA, military deployment is defined as the “movement of forces into and out of an operational area” (Joint Chiefs of Staff, 2018). In the UK, deployment refers “to military personnel who are deployed on overseas operations...excluding... those whose permanent stationed location is outside the UK” (Ministry of Defence, 2016). Deployments and frequent separations between military personnel and their partners and families impact all those involved (Park, 2011) and are stressors unique to the military (Padden & Posey, 2013). The deployment cycle is characterised by three main stages: ‘pre- deployment’, where military personnel prepare to leave for a posting; during or ‘on’ deployment, when they are away; and ‘post- deployment’, also known as reunion or reintegration, when they return home (Department of Defence, 2014; Rozner & Moreno, 2014), which then becomes ‘pre-deployment’ when notified of, or preparing for the next deployment.

### **The impact of deployment**

Growing evidence suggests military life may negatively affect partners’ social wellbeing, employment outcomes, mental health and marital relationships (Burrell, Adams, Durand & Castro, 2006; Padden & Posey, 2013). Research focusing on the impact of deployment on the mental health of military partners shows conflicting results. Eaton et al.

(2008) found the prevalence of mental health difficulties, including depression and anxiety (12.2% and 17.4% respectively), in USA military partners to be similar to that of soldiers at the same bases and higher than rates of depression in the general population (3.8%; Martin, Rief, Klaiberg & Braehler, 2006). Asbury and Martin (2010) found no difference in rates of depression or anxiety for spouses with a military partner compared to those with a civilian partner. However, military wives with a deployed spouse accessed mental health services more than military wives with non-deployed partners (Mansfield et al., 2010).

Families face distinct stressors at different periods in the deployment cycle (Pincus, House, Christenson & Adler, 2001; Vincenzes, Haddock, & Hickman, 2014). Pincus et al., (2001) developed an “emotional cycle of deployment”, based on clinical observation, detailing the psychological impact and emotions experienced by military families at each stage of deployment. There are probable different consequences of deployment to peacetime exercises compared to combat zone operations, where the potential risk to life may well lead to anticipatory grief (Lindemann, 1944) as a coping strategy. This has been investigated in relation to terminally ill veterans (Burke et al. 2015), but so far not in relation to deployment. In the UK, Long (2019) studied the strategies that military partners employ post-deployment to facilitate re-integration of families.

Vincenzes et al., (2014) also considered military wives’ experiences of the deployment cycle in relation to separation anxiety (Ainsworth & Bell, 1970), described as protest, despair and denial or detachment when separated from a loved one. Though typically associated with children, it can be experienced in adulthood (Bögels, Knappe & Clarke, 2013). Their study had a small sample and methodological shortcomings: The authors used the DASS-21 (Henry & Crawford, 2005) to measure psychological distress and omitted any measures of attachment or separation anxiety, yet concluded military wives experienced features of separation anxiety through the stages of deployment. The need remains to better understand



the emotional and psychological health impacts experienced by military partners resulting from deployment.

Surveying partners of UK military personnel, Bennett (2017) reported that participants experienced significantly higher levels of distress, scoring 'severe' or 'extremely severe' on the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995) for depression (45.8%), anxiety (18.7%) and stress (37.1%) compared with prevalence rates in the general population. Distress was higher during partners' deployment than pre- and post- deployment. The design compared partners grouped and analysed by current stage of deployment, not accounting for prior experiences of other stages, therefore no direct link between stage of deployment and mental health difficulties could be determined. The study advertisement, mentioning experiences of mental health difficulties, may also have led to a biased sample.

Gribble, Goodwin and Fear (2019) compared military partners in the UK to the general population and found elevated levels of depression and alcohol consumption and binge drinking. These were specifically related to longer and repeated separations, implying a link to deployment.

Mental health difficulties experienced by military partners during the deployment stage have been associated with a lack of communication with their partner (Greene, Greenberg, Buckman & Dandeker, 2010), lack of control and loneliness (Padden & Agazio, 2013; Spera, 2009), and a life of uncertainty (Eubanks, 2013). Mansfield et al. (2010) found mental health difficulties experienced by partners in their study were magnified by multiple and prolonged deployments.

The studies described above cast light on some aspects of the impact of deployment on military partners, but leave open questions such as how partners account for greater levels of mental health difficulties in relation to deployment, or what contributes to a distressing or positive experience of deployment.

## **Previous literature reviews**

A quantitative literature review (De Burgh, White, Fear & Iversen, 2011), including 14 US studies evaluating the health and wellbeing of spouses of military personnel who had been deployed to Iraq or Afghanistan, found that longer deployments, deployment extensions and Post Traumatic Stress Disorder in military personnel were associated with psychological problems for the spouse. Given these findings, partners' experiences need further exploration to understand why psychological problems may occur and to generate awareness, support, interventions and further research.

A meta-synthesis (Wilson & Murray, 2016), exploring military partners' experiences of deployment, identified five integrative concepts: a multitude of emotions; methods of coping; communication with partner; relentless responsibilities; and positive outcomes. The concept of mental health was highlighted but had not been included in the search terms; therefore, the relevance to a mental health problems and psychological wellbeing is difficult to extract. The current review contains seven papers not included by Wilson and Murray; five of these pre-date their meta-synthesis. In addition, they focused on the 'during deployment' stage only, omitting important experiences relating to other stages and only included peer reviewed literature.

## **Rationale**

The quantitative research discussed above has highlighted mental health difficulties related to deployment in military partners and been helpful in establishing their prevalence and correlates. A systematic review and synthesis of qualitative literature is needed to complement these findings by investigating the experiences of military partners relating to the impact of deployment on their mental health and psychological wellbeing, potentially informing practice and policies. It is important to explore perceived negative and positive experiences of partners to promote strategies to reduce distress. While quantitative research

“risks silencing the many nuances of these events by reducing them to specific, measurable phenomena” (Wilson & Murray, 2016, pp 104), qualitative research can provide rich data relating to the experiences and feelings of those involved (Boland, Cherry & Dickson, 2017). It may substantiate aspects of existing theories, such as the emotional cycle of deployment (Pincus et al., 2001) and separation anxiety (Vincenzes et al., 2014), which have not originated from reported lived experience. Increased understanding of partners’ experiences may inform military welfare services, as well as health and social care agencies, about the impact of deployment in order to support partners.

The current review aimed to identify qualitative studies of military partners systematically, to understand their experiences and the perceived impact of deployment on their mental health. It further aimed to appraise the quality of the identified studies and synthesise their findings.

## **Method**

This review was undertaken from a social constructionist epistemological position, which assumes that individuals construct their own versions of reality grounded in historical and cultural contexts (Burr, 2015), so “researchers can develop new understandings and novel theoretical interpretations of studied life” (Charmaz, 2000, p 398). The authors have a professional interest in military mental health and qualitative research but no personal experiences of, or professional ties to, military life. The review protocol has not been published on PROSPERO.

## **Searching**

A systematic search was conducted on PsychInfo, MEDLINE and CINAHL data bases on 10<sup>th</sup> May 2019. No date limits were imposed. The terms for deployment were deliberately broad to include studies referring to all stages of deployment to gain a greater understanding

of the impact of all aspects of deployment on military partners. Similarly, terms for mental health and wellbeing were broad, encompassing positive and negative aspects as well as trying to capture specific problems. Grey literature was included to widen the pool of potential sources, identify most recent research and mitigate potential publication bias. The search was restricted to dissertations, as these - while not being peer-reviewed - have a measure of quality control through examination. 'ProQuest dissertations and theses global' and 'Open Dissertation' were searched up to 10<sup>th</sup> May 2019. The reference lists of selected studies and the review by Wilson and Murray (2016) were hand searched for further relevant literature meeting inclusion criteria (see Appendix 1 for search terms).

## **Selection**

Studies were included in the review if they were:

- Investigating partners of currently serving military personnel focused on their own experiences (i.e. not reflecting on the impact on others) and their data was separable from those of others (i.e. their partners).
- Related to the mental health of partners.
- Related to the deployment cycle or stages of deployment.
- Employing qualitative methodology (or qualitative data that could be extracted from a mixed methods study).
- Written in English.

Books, book reviews and introductions to articles were excluded as they might not capture original research. No date limit was set. Studies were screened and exclusions based on titles and abstracts. Remaining studies were assessed based on their full text. Data were extracted from the included studies.

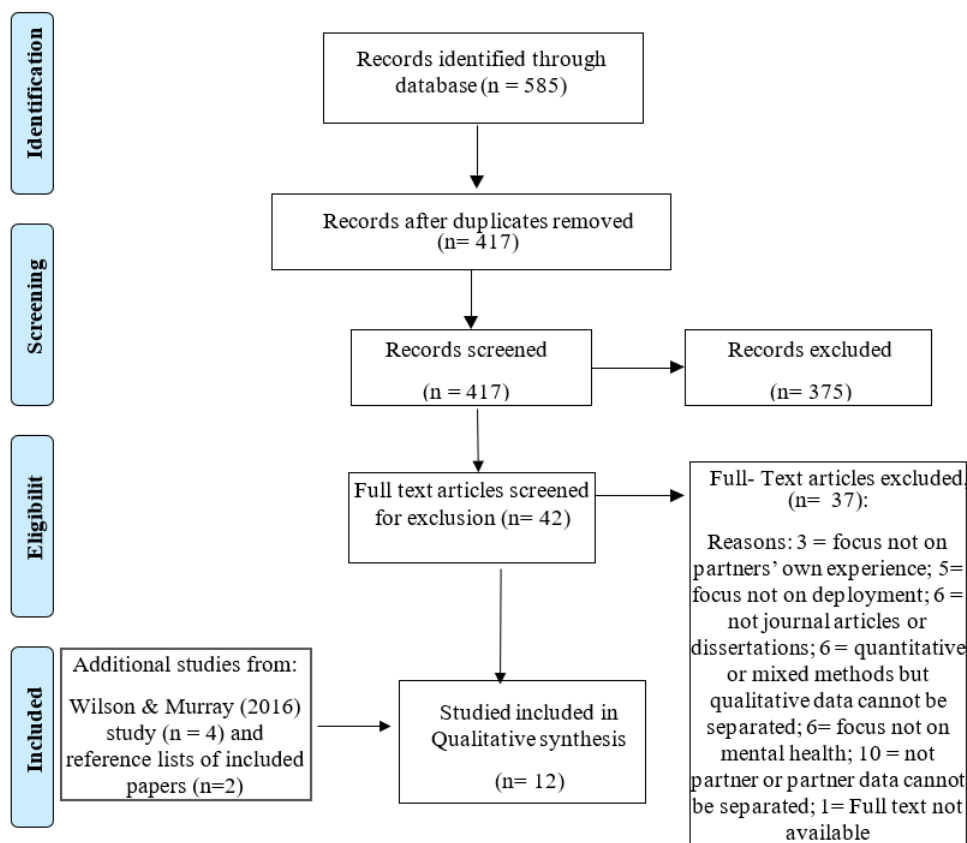
## **Critical appraisal**

The Critical Appraisal Skills Programme (2006) tool was adapted to include one additional item assessing if the study considered the authors' epistemological position. Eleven quality criteria were applied to each study and scored: 'zero' if not met; 'one' if partially met or unclear; and 'two' where definitely met, yielding a maximum score of 22.

## **Synthesis of findings**

Findings were thematically synthesised. Thematic synthesis is often used to analyse primary qualitative research and considered both integrative and interpretive (Boland 2017). Thomas and Harden (2008) suggest three stages to the process of thematic synthesis: (1) free coding of data, (2) the development of descriptive themes and (3) the generation of analytical themes. To achieve this, all participant quotations and information from 'results' and 'discussion' sections of the studies were extracted, and findings related to mental health and deployment were coded. Themes were explored across studies and then grouped to develop descriptive and analytical themes.

## Results



*Figure 1:* PRISMA flow diagram (Reproduced from: Moher, Liberati, Tetzlaff, Altman & The PRISMA Group, 2009) detailing the study identification process.

Twelve studies were included in the final selection; (see Table 1 for details of their general characteristics and assigns a study number referred to throughout the results section).

Table 1: *General characteristics and key findings for qualitative studies*

Stud y	Authors, year, location	Aims/ research question	Data collection method	Sample <sup>1</sup>	Data analysis method	Key themes <sup>2</sup>
1	Adduci, Baptist, George, Barros & Goff (2011), USA.	How do military wives' experiences OIF/ OEF <sup>3</sup> deployments? What were their relationships with the military and deployments?  How did OIF/ OEF deployments shape spousal relationships for military wives?	Face to face interviews	25 military wives aged 19-48. 19 identified as 'white'.	Interpretive Phenomenologic al Analysis (IPA)	1) The recipe for being a good military wife: a). managing groundlessness alone; b) assuming androgynous roles; c) emotional caregiving; d) re-learning the dance; e) recognising the strength.  2) Managing split loyalties: a) walking the walk; b) split loyalties; c) listening from the side-lines

<sup>1</sup> Gender, ethnicity and age (mean and range) have been reported here, where possible. Missing data is due to the article not reporting it.

<sup>2</sup> Key themes from each study have been listed here, as the authors themed them.

<sup>3</sup> Operation Iraqi Freedom (OIF)/ Operation Enduring Freedom (OEF)

2	Bey & Lange (1974), USA.	Attempt to describe some stressors experienced by these women.	Interviews	40 wives of non-career Army men.	“Summary of their comments”	1) Orders and predeparture 2) Stress during separation 3) Husbands return
3	Bóia, Marques, Francisco, Ribeiro & dos Santos (2018), Portugal.	To explore perceptions of possible changes in terms of functional and relational aspects of the marital relationship and parenting.  To identify possible resources used during deployment cycle to reduce the impact of the deployed person’s absence on the marital relationship and parent-child relationship.	Interviews	13 female military spouses, (with husbands belong to the Portuguese Army), aged 26-48	Thematic analysis	1) Pre-deployment phase (communication; decision making; internal resources; intimacy; disengagement before deployment). 2) Deployment phase (management of family responsibilities; mother-child relationship; couple dynamics; leisure activities; resources Inc. communication and social support; preparing for return). 3) Post-deployment phase (difficulties due to dealing with emotional and behavioural consequences of mission).



4	Cafferky & Shi (2015), USA.	To explore how military wives' coping mechanisms are related to their emotional connection with their deployed husbands.	Face to face interviews	13 wives, all female, aged 23-58. One Caucasian, one Asian-American, two "multi ethnic"	Grounded theory	1) Sacrificing myself when pursuing him 2) Preserving myself by pushing him away: a) becoming independent to survive; b) clutching denial; c) guarding me from my emotions 3) Drawing strength from us: a) romancing yourself; b) journaling; c) being with others.
5	Chambers <sup>4</sup> (2009), USA.	To learn what it is like for military wives living with the OIF deployment separation of their husbands' indefinite wartime deployment.	Face to face interviews; field observation notes.	Eight wives, aged 25-33.	Phenomenology	1) Grief and loss related to deployment <sup>5</sup> 2) Separation feelings of emotional turmoil 3) Impact of couple communication 4) Fear of the unknown 5) Effect on family dynamics/ functioning 6) Problem focused coping strategies 7) Acceptance, motivation and resiliency

<sup>4</sup> Dissertation as part of the degree for Doctor of Philosophy

<sup>5</sup> Each of the seven themes (Chambers, 2009) contained multiple subthemes which were too many to detail here.

6	Davis, Ward & Storm (2011), USA	To address this silencing by exploring the experiences of Army wives during a wartime deployment in team today's unique context and to investigate the influence of the civilian community of Army wives' experiences.	Interviews with a reflecting team	Main researcher and 11 Wives of army servicemen deployed to Iraq, all female, aged 20-34. Six Caucasian, five from other origins.	Action research / grounded theory.	1) The rollercoaster of emotions. a) the rollercoaster's lows (fear; loss; powerlessness), b) coping with the rollercoaster (positive thinking; self-determination; reaching out to others; staying busy), c) rollercoaster highs. 2) The silencing and unsilencing: a) the silencing (forgetting; making assumptions; requiring protection); b) The unsilencing (listening attentively; prioritising military wives' voices; taking supportive action).
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7	Hawkins <sup>6</sup> , (2017), USA	What are the perspectives of daily functioning and presence of resilient qualities of the non-deployed Air Force partners during deployment separation of OIF/ OEF?	Face to face interviews	Ten partners: five female and five male, ages 18-50. Eight identified as African-Americans.	Thematic Analysis	1) Gratitude to being interviewed <sup>7</sup> 2) Feeling overwhelmed by the burden of deployment and separation from spouse 3) Feeling pressured by the responsibilities of becoming head of their household 4) Loneliness, anxiety and restlessness 5) Nighttime angst 6) Resiliency and determination 7) Importance of maintaining communication
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<sup>6</sup> Dissertation as part of the degree for Doctor of Philosophy

<sup>7</sup> Each of the seven themes (Hawkins, 2017) contained multiple subthemes which were too many to detail here.

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8	Lapp, Toff, Tollefson, Hoepner, Moore & Divyak, (2010), USA.	What are the sources of stress before, during and after deployment of a spouse to a combat zone? What coping strategies are used before, during and after deployment of a spouse to a combat zone?	Face to face interviews living in rural Wisconsin of deployed National Guard or reserve soldiers. 16 women, two men, mean age 39.	18 spouses Phenomenology	1) Sources of stress: a) pre-deployment; b) during deployment (worrying; waiting; going it alone; pulling double duty; loneliness); c) post deployment. 2) Coping strategies: a) pre-deployment (social support; preparation for separation); b) during deployment (keeping busy; staying connected; maintaining a presence; managing personal needs; seeking support); c) post deployment.
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9	Marnocha, (2012), USA.	To explore community dwelling military wives' perceptions of transition, adaptation and coping with deployment.	Face to face interviews	11 wives of deployed Army reserve military aged 22-42. All female, all white.	Phenomenology	1) Phase 1: News of deployment: a) emotional chaos; b) making preparations. 2) Phase 2: Deployment: a) taking the reins; b) placing focus elsewhere; c) emotional and physical turmoil; d) staying strong; e) reaching out.
10	Messecar & Kendall, (1998), USA.	To generate a theoretical understanding of the processes and outcomes of the separation experienced by guard and reserve spouses during the Persian Gulf War.	Interviews (mostly face-to-face, one telephone).	14 guard and reserve spouses. Nine females, five male. All white.	Grounded theory	1) Uncertainty 2) Making sense of separation 3) Patterns of making it through separation: a) settling in immediately; b) struggling following by settling in; c) struggling without relief 4) Changes in self and relationship

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11	Ramey <sup>8</sup> (2015), USA	To explore the effects of deployment on partner harmony.	Face to face interviews	10 wives of National guard servicemen, aged 25-40, all white.	Phenomenology	1) Stress management <sup>9</sup> 2) Emotions 3) Empowerment 4) Family dynamics 5) Communications.
12	Wheeler & Torres Stones, (2010), USA.	To understand how changed expectations may be exacerbating psychological distress for Army National Guard (ARNG) soldiers and their families. To examine the impact of deployment on ARNG spouses.	Face to face interviews	Nine wives aged 21-46. All female, all non-Hispanic white.	Grounded theory	1) Stressors: a) issues affecting wives emotional and physical state; b) difficulties with children; c) uncertainty about future involvement with the military 2) Coping: a) expressive activities; b) support from friends and family; c) spirituality; d) technology; e) avoidance

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<sup>8</sup> Dissertation as part of the degree for Doctor of Philosophy

<sup>9</sup> Each of the five themes (Ramey, 2015) contained multiple subthemes which were too many to detail here.



The twelve studies included 183 participants, 171 females and 12 males, collected from the USA (11) and Portugal (1). Ages ranged from 18 to 58 years; three studies did not report age. Four studies did not report ethnicity; in those that did, the majority of participants (71 of 89) were reported as white or Caucasian, eight African-American, four American-Indian or American-Alaskan natives, two Italian, one Hispanic, one Irish, one Columbian-Italian, one Mexican-American, one European, one Asian-American and three “other” or “mixed ethnicity”.

### **Critical Appraisal**

The review identified nine peer-reviewed studies and three doctoral dissertations with quality scores ranging from 6 (2) to 22 (5). The highest quality ranking was attracted by a doctoral dissertation (5), which had a higher word limit than the journal articles. Studies were scored independently by two authors who agreed on 83% of scores. There were no two-point disagreements and the one-point discrepancies were resolved through discussion. The results of the appraisal are shown in Table 2.

Most studies stated aims and relevance clearly; three (2, 6, 12) had less explicit aims. All studies demonstrated appropriate use of qualitative methodology and many appeared to use appropriate research designs, but some (2, 3, 4, 9, 10, 12) did not justify their chosen methodology, warranting reduced scores. Most explained and justified participant selection, but one study (9) was considered potentially biased because the author approached one participant who then recommended all others; another (2) gave no details of recruitment. This study (2) was conducted much earlier than all others and may well reflect that quality standards had not been fully established then. It also failed to document data collection beyond “we talked to waiting wives”, the others documented this aspect well: process and reasons were explained in detail, methods explicitly described, and data format clearly reported; however, only four studies (1, 5, 6, 11) discussed data saturation.



Table 2: *Critical Appraisal Skills Programme (CASP) for Qualitative research*

CASP Criteria/ Study number	1	2	3	4	5	6	7	8	9	10	11	12
Was there a clear statement of the aims of the research?	2	1	2	2	2	1	2	2	2	2	2	1
Is a qualitative methodology appropriate?	2	2	2	2	2	2	2	2	2	2	2	2
Was the research design appropriate to address the aims of the research?	2	1	1	1	2	2	2	2	1	1	2	1
Was the recruitment strategy appropriate to the aims of the research?	2	0	2	2	2	2	2	2	1	2	2	2
Was the data collected in a way that addressed the research issue?	2	0	2	2	2	2	2	2	2	2	2	2
Has the relationship between researcher and participants been adequately considered?	2	0	0	0	2	2	2	1	0	2	2	0
Have ethical issues been taken into consideration?	0	0	1	0	2	0	2	1	1	1	2	0
Has the epistemological position of the researcher been considered?	1	0	0	0	2	0	2	1	0	1	2	0
Was the data analysis sufficiently rigorous?	2	0	2	2	2	2	1	1	2	2	1	1
Is there a clear statement of findings?	2	1	2	2	2	2	2	2	2	2	2	1
How valuable is the research?	2	1	2	2	2	1	2	2	2	2	2	1
Total score (0- 22)	19	6	16	15	22	16	21	18	15	19	21	11

Five studies (2, 3, 4, 9, 12) inadequately considered the relationship between researchers and participants, some studies failing to mention it at all, but two published paper (1, 6) and three dissertations (5, 7, 11) considered the relationship well. Unexpectedly, given that epistemology is central to qualitative research, only the three doctoral dissertations (5, 7, 11) sufficiently detailed their epistemological position. Surprisingly, all published journal articles failed to fully consider ethical issues and seven (1, 2, 4, 6, 8, 10, 12) did not provide details of ethical approval.

All but four studies demonstrated rigorous data analysis. However, one study (12) used grounded theory but did not generate a model or theory from the data, another (2) did not use a recognised method of analysis but reported a “summary of comments”. Two doctoral dissertations (7, 11) had many overlapping themes, simply directly reflecting verbatim quotes (7) or questions asked during the interview (11), without generating further ideas. All studies provided statements of findings and all demonstrated value by considering their contribution to existing knowledge. Three (2, 6, 12) considered the impact on policies and practice, the transferability or usefulness of the research and potential for future research in less detail. No studies were excluded from the synthesis based on their quality appraisal scores.

### **Thematic Synthesis**

The thematic synthesis identified five themes and subthemes: 1) Emotional health (emotions: too many or too few; fear and uncertainty; anger), 2) Social support and wellbeing, 3) Partners’ needs second to those serving, 4) Resilience and strength and 5) Growing closer or growing apart. Table 3 presents a cross-comparison of themes across the selected studies.

Table 3: *Cross comparison of themes*

	1	2	3	4	5	6	7	8	9	10	11	12
Emotional health	*	*	*	*	*	*	*	*	*	*	*	*
<i>Emotions: too many or too few</i>	*	*	*	*	*		*	*	*		*	*
<i>Fear and uncertainty</i>	*		*		*	*	*	*		*	*	*
<i>Anger</i>	*	*		*	*		*			*		*
Social support and wellbeing	*	*	*	*	*	*	*	*	*	*	*	*
Resilience and strength	*			*	*	*	*	*	*	*	*	
Partners' needs second to those serving	*		*		*	*	*	*	*	*		
Growing closer or growing apart	*	*			*		*	*	*	*	*	*

The following section outlines each theme, supported by evidence and quotations taken from the reviewed papers.

### ***Emotional health***

**Emotions: too many or too few.** Partners described feeling emotionally overwhelmed or avoidant and detached in relation to deployment. Partners reported being overwhelmed with sadness, anxiety and worry, anger, fear and numbness, often leaving them emotionally and physically exhausted (1, 4, 5, 7, 9, 12). One spouse shared “I was warned. You are going to go through all these emotions from being mad to being proud (7)” whilst others felt “depressed” or “completely devastated (4). One partner felt the adjustment period following the start of the deployment was the most distressing: “After he left, it was very difficult. The first few days it was almost as if someone had died. It was like a grieving process” (11). Another partner described long lasting negative emotions throughout deployment: “There were those months of extreme sadness, worrying, and being anxious. Then there was the loneliness. That was tough” (5).

Some partners’ distress became so overwhelming that they coped through developing an emotional “wall” to avoid deeper feelings of helplessness, hopelessness, and despair (4). One partner explained:

You’re so full of emotions and even sometimes I think the best word is “numb.” I thought, what am I going to do? I could not do anything and felt stuck. You just have to go with it and I felt like this would break me down. I felt sick all of the time (9)

Emotional avoidance was a coping strategy during ‘pre-deployment’; “I get very reserved and almost detached prior to the deployment. I have a lot of denial which I found is a very powerful tool” (5), but it did not last the duration, “I never stayed in denial for the

entire deployment. It's like a grieving process and a feeling of loss" (5). Some partners described avoidance as useful in coping with their fears that their partner might not return:

I guess I put up that protective wall because what if something does happen to him when he was gone... It's like, I'm not 100% sure he is coming home so I just need to keep that at arm's length just in case (4)

In contrast, some participants reported positive emotions and considered "the great days outweigh the miserable days" (6). Another shared hope for future deployments, "Once you've gone through one deployment you have a general idea of what's going on and you don't feel so lost and overwhelmed (5)".

**Fear and uncertainty.** Within eight studies, partners described feeling fearful due to the uncertainty of their partners' survival and wellbeing (1, 3, 5, 6, 7, 8, 10, 12) and a sense of powerlessness in their experience (1).

It is not just being killed over there. You can come home injured... But, what if he does come home in a wheelchair? What if he does come home mentally disabled? But that was very scary. (12).

For many others, uncertainty and fear of the unknown were foremost, as one partner describes "it was just the unknowing that was the most difficult, not knowing the length of the deployment, not knowing the locations of future deployments" (10). Conversely, one partner indicated that emotional reactions were dependent on location:

That was a huge difference because he was still in the United States. He was still on U.S. soil, and he was safe... That is actually quite different than actually going into a war zone and being gone for a whole year (11)

Fear was worsened by the media, one spouse shared "I stopped watching the news because it was very hard when you hear about the men getting killed over there . . . when you

have someone over there it's very personal . . . " (8), but others reported distress could be reduced by regular communication with their partner, "talking to her helped calm my nerves. I was constantly worried about her safety so hearing from her daily helped me to exhale" (7). Unfortunately, not all partners could communicate with their deployed partner which increased their distress.

Some partners experienced fear about life 'post- deployment'; "I talk to a lot of women whose husbands have come back and they're not the same and the things that my husband sees and deals with. I can't imagine him being the same after that" (5) and another said, "I'm afraid there's going to be a rift between us . . . there's no way for me to understand what he went through and the things he saw or did or anything like that" (8)

**Anger.** Anger experienced by military partners was largely directed towards the military (1, 2, 5, 7, 10, 12) for preventing their marriages from succeeding (1) and choosing to deploy military personnel, as one wife shared, "I was very, very angry overall with the situation for there to even be a war going on that my husband would have to go to" (5). This was more so for partners of reserve soldiers:

And we didn't really bargain for this. If he wanted to do this [deployment], he would have stayed in active duty... That is what has frustrated me the most. (12)

Some partners also felt anger and resentment towards their partner (2, 4, 5, 12); one wife describes:

It's like you do end up resenting him . . . You chose to be a Marine!... I didn't choose to be alone, you chose all of this, not me! And it's not fair! . . . Why do I have to suffer? (4)

By contrast, some partners (5, 7, 12) acknowledged that they knew “what I signed on for” (5) and were supportive of their partners’ choices despite experiencing a range of emotions.

**Social support and wellbeing.** In all studies, military partners experienced loneliness during deployment. One stated “Loneliness is a necessary evil with deployments. It comes with the territory and I just had to decide how I was going to deal with it (7)”. Partners described feeling abandoned, and most distressed when they were not distracted. One wife reported:

He had been gone about 6 months when I had this horrible feeling come over me at night. I just could not believe how extremely lonely I felt. It was like a wave crashing over me. I decided I had to buck up and stay strong in order to survive (9).

For some, loneliness came from a sense that they were missing out on enjoying major life events and every-day interactions with their partner, as one describes:

You miss having a partner; you miss just having someone to talk to, somebody to go do things with. You know, I was all by myself; you don’t go to the movies by yourself...The intimacy is not there as well. When you don’t have that person hugging you, I mean those are things, it’s just human nature to yearn and to miss and that’s part of it as well (11).

Loneliness also derived from the lack of support usually received, as one explained, “You’re not only losing your husband but you’re losing the father of your child, . . . your best friend, . . . your housemate” (6). Further, loneliness, and mental health in general, depended on the support system that partners experienced, with many describing the importance of friends and family to compensate for reduced availability of their partner.

I always made sure I had plans on the weekends with friends or family. I think that was very important for my personal well-being and mental health (9)

Other partners described support from the military, military support groups, spirituality and spiritual communities contributing to reduced distress and increased coping.

Some studies (4, 6, 8) indicated that even when support was available, partners did not find it helpful feeling that friends, family and mental health professionals who have not been in their situation cannot understand how they feel:

I know [my civilian friends] were trying to help. But at the same time [their responses to me were] not helping. . . And that goes back to what I was saying before that there are some things I choose not to tell certain people (6).

Some partners reported not having a support system at all; one describing “I found out for myself, you can only depend on yourself. . . So it was a tough pill to swallow knowing you had nobody but yourself” (4). Some reported feeling “no one understands” (11), “no one is listening” (11), and “we are forgotten” (11).

For some partners, loneliness was not as intense during deployments following their first deployment experience, but others continued to struggle: “No matter how many deployments your partner is assigned, you will always struggle with loneliness. No one is immune from it” (7).

**Partners’ needs second to those serving.** Some discussed “putting on a brave face” (5) to support their partner; during ‘pre-deployment’ some reported being strong through facing difficult tasks, such as their partner’s will, finances, and supporting their partner leaving. One wife reflected, “I thought I must be strong for him . . . He’s still going to have to leave regardless of how much I cried or how mad I was or how pissed off I was with the



Army” (9) and another “You're trying to stay positive and put on a brave face because they hurt and don't want to leave” (5).

During deployment, the need for military partners to suppress their emotions and put their partners' emotional needs ahead of their own increased (5, 6, 7), as one expressed:

I am told by the command to be careful what you do share because you don't want to add that added stress onto your service member because it may take his mind off of the job that he should be doing, which in turn could put him and other people in danger (5)

Others described making similar choices, “During conversations with him, I did not complain to my spouse because I didn't want him to worry. I just wanted him to get through the deployment so he could return home” (7), to keep their partners safe.

Military partners used the strength they had gained to help their partners manage their emotional pain by giving them space, attending and listening ‘post- deployment’. One spouse explained “When he returns, I consciously step back and give him all the space so that he can take care of the children. I feel he likes it and that this closeness is good for all of us” (3). One wife's partner stopped talking about his emotions and experiences when she responded emotionally:

After that learning not to cry, like not to show emotion, just to kind of take yourself out as more of a, you know, therapist position just seeing his point, not trying to get emotion into it of your own he's been emotional. He is a soldier telling his story (1).

One study concluded that military partners felt that their husbands had no concept of how difficult their lives were “holding down the fort” as they were considered “safe at home” and therefore felt that their own sacrifices were being “inadvertently reduced or dismissed”

(8). By contrast, some reported often having used their abilities to connect with their absent spouses for support and to solve problems (9) and relying on the couples' emotional connection to cope (4).

In two studies, military partners reflected on the usefulness and importance of being considered for research, stating "Wow it's hard to believe that someone is actually interested in what I am experiencing..." (7) and "...our cries are finally falling on caring ears, It's about time" (7). Further, one partner thought the process was "therapeutic", (6) and "lifting something off my chest that just needed to be [gone]" (6).

**Resilience and strength.** In nine studies (1, 4, 5, 6, 7, 8, 9, 10, 11), military partners described adjusting to new routines, developing new skills and coping strategies leading to increased self-esteem, independence, strength and personal growth. One partner said, "there are good days where I generally feel very confident and proud of not only him but of me being back here and keeping everything going the way that it should" (5). For some, this was demonstrated in taking on new tasks, juggling work, parenting or other life events, and realising they cope better than they believed they could.

One study (4) detailed self-sufficient independence as an emotional avoidance strategy leading to increased emotional distress during deployment. Difficulties in the relationship occurred for some couples 'post- deployment' when readjusting to new-found independence, re-establishing roles (11) and changes for the military partner following their experiences (1). Considering future deployments, some reported increased resilience and confidence and indicated it may have less impact on their mental health and wellbeing (1, 5), as one described:

I think I've shown myself that I am stronger than I thought... It was really hard and there were days when I wanted to quit... But, you know I'm not as scared about

this one (next deployment) coming up because I know I can do it. It won't be easy or fun, but I know it's possible. (1)

**Growing closer or growing apart.** Deployment impacted on the marital relationship and the mental health and wellbeing of the military partner either positively or negatively (3, 7, 8, 9, 10, 11). Some partners discussed growing closer as a couple and wanting to make the most of their time together 'pre- deployment', "We notice that... we always try to be closer now to make up for the absence that will come, right? It is because of the absence" (3) but another did not, "They are here but they are not here... Sometimes I say something that I have already told him and he doesn't remember... so I prefer him not to be at home..." (3). (These last two quotes originate from the only non-US paper and the ambivalence expressed may be culture-specific.) During deployment, some military partners expressed improvements in their relationship due to better communication (5), reduced arguments and conflicts (3), and a sense that absence increases the love and strength of the relationship (3, 7). Military partners had contrasting experiences 'post- deployment' with some studies indicating more relational difficulties and others indicating a closer bond. One explained:

"It was a mixed bag . . . well, you get used to living without that person, and then when they come back they are a different person, and you are a different person and you have to figure out: How do I get back to a new normal?" (8)

Thus, difficulties can arise as "You have to get to know each other all over again" (1), readjusting to living together (9) and finding roles within the relationship and family (10). One partner described difficulties feeling her husband developed closer bonds and sharing more with his military comrades (1). Most studies found the couples grew closer together and therefore positively impacted on the military partner's wellbeing as one described:

I think we are more grateful for our time together. He's home and we're spending more time together instead of a lot of times when we used to get caught up with our own lives (9).

### **Discussion**

This review aimed to understand the impact of deployment on the mental health of military partners through a thematic synthesis of 12 studies identified in a systematic search. The resultant five themes and three subthemes were explicitly or implicitly related to mental health and psychological wellbeing. They differ from Murray and Wilson's (2016) review by describing impacts on mental health and psychological wellbeing – loneliness, resilience and strength, and suppressing own needs - as demonstrated by the contrasting experiences reported by military partners.

Themes highlighted partners' experiences for each stage of the deployment cycle. For 'pre-deployment', partners discussed fear, uncertainty, anger, "putting on a brave face" and some shared experiences of emotional avoidance and denial, supporting Pincus et al.'s (2001) and Vincenzes et al.'s (2014) descriptions of 'pre-deployment' experiences. In this review some partners reported becoming closer and making more effort in the relationship prior to deployment. This has not been described previously and contradicts Pincus et al., (2001) who proposed that arguments between couples increase prior to deployment.

The 'during deployment' stage identified contrasting experiences; some described sadness, anxiety and fear, leading to feeling emotionally and physically overwhelmed, consistent with previous research (Eubanks, 2013; Pincus et al., 2001; Wilson & Murray, 2016; Vincenzes et al., 2014); yet others continued to experience denial, previously more commonly associated with the 'pre-deployment' stage. Consistent with previous research (Greene et al., 2010; Wilson & Murray, 2016), access to social support counteracted loneliness and those with the ability to maintain connection and communication with their

partner reported fewer mental health stressors, Bennett (2017) reported greater mental health difficulties ‘during deployment’ compared to the other stages; in this review some reported similar experiences; others appeared to thrive in the deployment stage, developing increased confidence, independence and strength, as found by Pincus et al., (2001) and Wilson and Murray (2016). An important theme in this review portrays how partners may suppress their own emotional needs to support their partner. This has previously only been alluded to in relation to trauma disclosure (e.g. Nelson Goff et al., 2016).

As in previous studies (Pincus et al., 2001; Vincenzes et al., 2014), partners needed to renegotiate routines, readjust and get to know one another again ‘post deployment’. Some described “taking a step back”, prioritising listening and supporting their partner; partly supporting Pincus et al.’s (2001) interpretation of loss of independence but not previously reported in detail. The likely differential impact of returning from a potentially life-endangering deployment did not feature, but might have accounted for the ‘post-deployment’ positives identified in this review, as many partners felt more connected in their relationship and grateful for their lives together, contrasting previous descriptions of negative experiences and difficulties at this time (Pincus et al., 2001; Vincenzes et al., 2014).

Further, some evidence suggested that partners’ mental health difficulties were magnified by multiple and prolonged deployments (Mansfield et al., 2010), yet this review found that some partners experienced hope, felt less overwhelmed and better prepared for future deployments after experiencing the deployment cycle previously. The consideration for future deployments was discussed in this review but has not been explicitly considered in previous research, possibly because the distinction is often made between the stages of deployment but not the number of deployments.

Previous research concluded that, overall, deployment negatively impacted the mental health of military partners and their marital relationships (Burrell et al., 2006; Padden &

Agazio, 2013; Padden & Posey, 2013; Spera, 2009) but this review found both negative and positive experiences of mental health and deployment as some partners thrived and their relationships strengthened.

### **Limitations**

Studies reviewed and the review process are subject to limitations: Many studies did not enquire about the quality of the relationship between partners prior to deployment. It may be that deployment exacerbated existing difficulties rather than creating new ones. Gathering this information would be enable future studies to differentiate between support partners might need prior to and during deployment.

Although excluding poorer quality studies to ensure credibility of the data has been advocated by some (Mohammed, Moles & Chen, 2016), this review included all studies, to maximise information from qualitative accounts. However, most direct quotes are taken from the highest rated study (Chamber, 2009), reflecting the quality of quotes and descriptive information provided in doctoral dissertations, as contrasted with the brief descriptions and relative lack of evidence and interpretation in the lower quality studies. All but one of the reviewed studies originated from the USA.

A further limitation of this review, and qualitative research in general, is the role played in theme construction by the authors' subjective interpretations. Attempts were made to manage these through discussions with multiple researchers, in the same way that critical appraisal scores were resolved by consensus.

### **Recommendations**

As military partners' mental health, their support system, communication with their partner and propensity to put their partners' needs ahead of their own are implicitly connected in relation to deployment, future research should take account of these areas investigating why some partners thrive whilst others experience psychological distress or mental health

difficulties. Understanding more about the quality of the relationship prior to deployment may shed light on why some experience more relational difficulties, affecting their mental health and psychological wellbeing.

To inform UK policies, and support practices, future research should explore the broader experiences of military partners within the UK, accounting for the differences to the USA in terms of military structure, process of deployment, and different health services and support agencies.

### **Conclusion**

Deployment can impact on military partners' mental health as they may experience fear, anger and loneliness, causing them to feel emotionally overwhelmed or avoidant. However, some partners develop independence, confidence and strength through deployment and experience a greater closeness with their partner. Whether partners experience impaired psychological wellbeing or mental health difficulties appears to be related to support systems, communication with their partner, and their ability to attend to their own needs rather than suppress them to prioritise their partner's needs. Future research should include data, including personal accounts, investigating personal factors prior to deployment to identify potential sources of vulnerability and resilience.

## References

- Aducci, C. J., Baptist, J. A., George, J., Barros, P. M., & Goff, B. S. N. (2011). *The recipe for being a good military wife: How military wives managed OIF/OEF deployment*. United States; The Haworth Press Inc.
- Ainsworth, M. D. S., & Bell, S. M. (1970). Attachment, exploration, and separation: Illustrated by the behavior of one year- olds in a strange situation. *Child Development*, 41, 49–67. <http://dx.doi.org/10.2307/1127388>
- Asbury, E. T., & Martin, D (2012) Military deployment and the spouse left behind. *The Family Journal*, 20, 45- 50. <https://doi.org/10.1177/1066480711429433>
- Bateman, M. (2009). *The overlooked casualties of conflict*. Portsmouth: The Royal Navy and Royal Marines Children's Charity.
- Bennett, C. (2017) *The mental health of UK military partners and the variability between stages of deployment*. (Unpublished doctoral thesis). University of Lincoln: Lincoln, United Kingdom
- Bey, D.R., & Lange, J. (1974). Waiting wives: Women under stress. *The American Journal of Psychiatry*, 131(3), 283–286. <https://doi.org/10.1176/ajp.131.3.283>
- Bøg, M., Filges, T., & Jørgensen, A.M.K. (2018). Deployment of personnel to military operations: impact on mental health and social functioning. *Campbell Systematic Reviews*, 6. DOI: <https://doi.org/10.4073/csr.2018.6>
- Bögels, S.M., Knappe, S. & Clarke, L. (2013). Adult separation anxiety disorder in DSM-5. *Clinical Psychology Review*, 33, 663- 674. DOI: 10.1016/j.cpr.2013.03.006
- Bóia, A., Marques, T., Francisco, R., Ribeiro, M. T., & dos Santos, R. P. (2018). International missions, marital relationships and parenting in military families: An exploratory study. *Journal of Child & Family Studies*, 27(1), 302-315. <https://doi.org/10.1007/s10826-017-0873-7>
- Boland, A., Cherry, M.G. & Dickson, R. (2017). *Doing a systematic review: A student's guide*. London: SAGE publishing.
- Burke, L. A., Clark, K. A., Ali, K. S., Gibson, B. W. Smigelsky, M. A., & Neimeyer, R. A. (2015). Risk factors for anticipatory grief in family members of terminally ill veterans receiving palliative care services. *Journal of Social Work in End-of-Life & Palliative Care*, 11(3-4), 244-266.
- Burr, V. (2015). *Social constructionism (3<sup>rd</sup> Edition)*. East Sussex; Routledge
- Burrell, L. M., Adams, G.A., Durand, D.B. & Castro, C.A. (2006). The impact of military lifestyle demands on well-being, army, and family outcomes. *Armed Forces & Society*, 33, 43-58. <https://doi.org/10.1177/0002764206288804>.
- Cafferky, B., & Shi, L. (2015). Military wives emotionally coping during deployment: Balancing dependence and independence. *American Journal of Family Therapy*, 43(3), 282-295. <https://doi.org/10.1080/01926187.2015.1034633>.
- Chambers, J. E. (2009). *The experience of the operation iraqi freedom wartime deployment for military wives: A qualitative analysis*. (Unpublished doctoral dissertation). Capella University: Minneapolis, Minnesota.



- Charmaz, K. (2000), "Grounded theory: objectivist and constructivist methods", in N. Denzin & Y. Lincoln (Eds), *Handbook of Qualitative Research*. (pp 509- 536). California: Sage
- Critical Appraisal Skills Programme (2006), *Qualitative Research: Appraisal Tool*. 10 questions to help you make sense of qualitative research, Public Health Resource Unit, Oxford, pp. 1-4, retrieved from [www.phru.nhs.uk/Doc Links/Qualitative Appraisal Tool.pdf](http://www.phru.nhs.uk/Doc Links/Qualitative Appraisal Tool.pdf)
- Davis, J., Ward, D.B., & Storm, C. (2011). The unsilencing of military wives: wartime deployment experiences of citizen responsibility. *Journal of Marital and Family Therapy*, 37, 51-63. doi: 10.1111/j.1752-0606.2009.00154.x
- De Burgh, H. T., White, C. J., Fear, N. T., & Iversen, A. C. (2011). The impact of deployment to Iraq or Afghanistan on partners and wives of military personnel. *International Review of Psychiatry*, 23(2), 192-200. DOI: [10.3109/09540261.2011.560144](https://doi.org/10.3109/09540261.2011.560144)
- Department of Defence (2014). Stages of deployment. Retrieved from: [https://www.magellannmflc.org/media/26485/stages\\_of\\_deployment\\_-\\_military\\_v2.pdf](https://www.magellannmflc.org/media/26485/stages_of_deployment_-_military_v2.pdf)
- Eaton, K. M., Hoge, C. W., Messer, S. C., Whitt, A. A., Cabrera, O. A., McGurk, D., & ... Castro, C. A. (2008). Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service members involved in Iraq and Afghanistan deployments. *Military Medicine*, 173(11), 1051-1056. doi:10.7205/milmed.173.11.1051
- Eubanks, T. (2013). Life as a military spouse. *Urologic Nursing*, 33(2), 97-99.
- Greene, T., Greenberg, N., Buckman, J. & Dandeker, C. (2010). How communication with families can both help and hinder service members' mental health and occupational effectiveness on deployment. *Military Medicine*, 175, (10), 745–749. <https://doi.org/10.7205/MILMED-D-09-00278>.
- Gribble, R., Goodwin, L., & Fear, N.T. (2019). Mental health outcomes and alcohol consumption among UK military spouses/partners: a comparison with women in the general population. *European Journal of Psychotraumatology* 10(1): 1654781 doi: 10.1080/20008198.2019.1654781
- Hawkins, J. D. (2016). *A generic qualitative study of deployment separation of air force nondeployed partners*. (Unpublished doctoral dissertation). Capella University, Minneapolis, Minnesota.
- Henry, J. D., & Crawford, J. R. (2005). The 21-item version of the Depression Anxiety Stress Scales (DASS-21): Normative data and psychometric evaluation in a large non-clinical sample. *British Journal of Clinical Psychology*, 44, 227–239. DOI:10.1348/014466505X29657
- Joint Chiefs of Staff (2018). DOD dictionary of military and associated terms; June 2018. Retrieved from <http://www.jcs.mil/Doctrine/DOD-Terminology>
- Lapp, C. A., Taft, L. B., Tollefson, T., Hoepner, A., Moore, K., & Divyak, K. (2010). Stress and coping on the home front: Guard and reserve spouses searching for a new normal. *Journal of Family Nursing*, 16(1), 45-67. <https://doi.org/10.1177/1074840709357347>
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141-148.

- Long, E. (2019) The spirit of community, the army family, and the impact on formal and informal support mechanisms. In: R. Moelker, M. Andres, & N. Rones (eds.) *The politics of military families*. Abingdon: Routledge
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales*. Sydney: Psychology Foundation.
- MacManus, D., Jones, N., Wessely, S., Fear, N. T., Jones, E., & Greenberg, N. (2014). The mental health of the UK Armed Forces in the 21st century: Resilience in the face of adversity. *Journal of the Royal Army Medical Corps*, 160, 125-130. DOI: [10.1136/jramc-2013-000213](https://doi.org/10.1136/jramc-2013-000213)
- Mansfield, A.J., Kaufman, J. S., Marshall, S.W., Gaynes, B.N., Morrissey, J.P., & Engel, C.C (2010). Deployment and the use of mental health services among U.S. Army wives. *New England Journal of Medicine*, 362, (2).101-109. DOI: 10.1056/NEJMoa0900177
- Marnocha, S. (2012). Military wives' transition and coping: Deployment and the return home. *International Scholarly Research Notices Nursing*. Advanced online publication. Doi: 10.5402/2012/798342
- Martin, A., Rief, W., Klaiberg, A., & Braehler, E. (2006). Validity of the Brief Patient Health Questionnaire Mood Scale (PHQ-9) in the general population. *General Hospital Psychiatry*, 28, 71-77. doi:10.1016/j.genhosppsych.2005.07.003
- Messeccar, D. C., & Kendall, J. (1998). Guard and reserve spouse separation during the Persian Gulf war: Coming to terms with uncertainty. *Journal of Family Nursing*, 4(3), 309-333. doi:10.1177/107484079800400306
- Ministry of Defence (2016). *UK Armed Forces personnel deployments and military presence of UK regular personnel*. Retrieved from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/564757/UK\\_Armed\\_Forces\\_Personnel\\_Deployments\\_and\\_Military\\_Presence\\_of\\_UK\\_Regular\\_Personnel.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/564757/UK_Armed_Forces_Personnel_Deployments_and_Military_Presence_of_UK_Regular_Personnel.pdf)
- Mohammed, M.A., Moles, R.J. & Chen, T.F. (2016). Meta-synthesis of qualitative research: the challenges and opportunities. *International Journal of Clinical Pharmacy*, 38, 695- 704. D OI 10.1007/s11096-016-0289-2
- Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred reporting items for systematic reviews and meta- analyses: The PRISMA Statement. *PLoS Medicine* 6(7) e1000097. doi:10.1371/journal.pmed1000097
- Nelson Goff, B.S., Hartman, K., Perkins, D., Summers, K., Walker, L., & Monk, J.K. (2016). Talk to me: Disclosure of past trauma experiences to spouses in military couples. *Journal of Veteran Studies*, 1(1), 98-128.
- Padden, D. & Agazio, J (2013). Caring for military families across the deployment cycle. *Journal of Emergency Nursing*, 39, doi 10.1016/j.jen.2013.08.004.

- Padden, D., & Posey, S. M. (2013). Caring for military spouses in primary care. *Journal of the American Association of Nurse Practitioners*, 25(13), 141-146. <https://doi.org/10.1111/j.1745-7599.2012.00809.x>
- Park, N. (2011). Military children and families: Strengths and challenges during peace and war. *American Psychologist*, 66, 65–72. doi:10.1037/a0021249
- Pincus, S.H., House, R., Christenson, J. & Adler, L.E. (2001). The emotional cycle of deployment: A military family perspective. *US Army Medical Department Journal*, 2, 15-23.
- Ramey, K.D. (2015). The effects of deployment on partner harmony through a feminist perspective. (Unpublished doctoral dissertation). Capella University, Minneapolis, Minnesota.
- Rozner, L. & Moreno, D. (2014). *The military family system*. Retrieved from: <https://www.slideshare.net/dvcpsych220/therapy-military-family>
- Samele, C. (2013) *The mental health of serving and ex-Service personnel: A review of the evidence and perspectives of key stakeholders: Forces in Mind Trust*. Retrieved from <https://www.mentalhealth.org.uk/sites/default/files/the-mental-health-of-serving-and-ex-service-personnel.pdf>
- Sheppard, S., Weil Malatras, J., & Israel, A.C. (2010). The Impact of Deployment on US Military Families. *The American Psychologist*, 65, 599-609. 10.1037/a0020332.
- Spera C. (2009) Spouses' ability to cope with deployment and adjust to Air Force family demands: Identification of risk and protective factors. *Armed Forces & Society*, 35(2). 286–306.10.1177/0095327X08316150.
- Thomas, J. & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8(45) 1-10. <https://doi.org/10.1186/1471-2288-8-45>
- Vincenzes, K.A., Haddock, L., & Hickman, G. (2014). The implications of attachment theory for military wives: Effects during a post-deployment period. *The Professional Counsellor*, 4, 122-128. DOI: 10.15241/kav.4.2.122
- Wheeler, A. R., & Stone, R. A. T. (2010). Exploring stress and coping strategies among national guard spouses during times of deployment: A research note. *Armed Forces & Society*, 36(3), 545–557. DOI: 10.1177/0095327X09344066
- White, C. J., De Burgh, T., Fear, N. T., & Iversen, A.C. (2011). The impact of deployment to Iraq or Afghanistan on military children: A review of the literature. *International Review of Psychiatry*, 23, 210-217. DOI: 10.3109/09540261.2011.560143
- Wilson, H., & Murray, C. (2016). The experience of deployment for partners of military personnel: A qualitative meta-Synthesis. *Journal of Couple & Relationship Therapy*, 15, 102-120. DOI: 10.1080/15332691.2014.

## **Appendices**

### **Appendix 1**

Search terms used within PsychInfo were: "Military Families" OR "Military Personnel" OR "Military Psychology" OR military partner\* OR military famil\* AND “Mental disorders” OR “Mental Health” OR “Wellbeing” OR mental health or wellbeing OR psychological health OR emotional health OR “Anxiety” OR “Anxiety Disorders” OR “Depression” OR “Major Depression” AND "Military Deployment" OR Deploy\* OR posting\* OR oversea\* OR detachment\* OR separa\* AND “Spouses” OR partner\* OR spouse\* OR husband OR wife OR wives OR "significant other" OR boyfriend OR girlfriend.

Equivalent searches were used in the other data bases using common synonyms.

## **Journal Paper**

Footnotes are used throughout to signpost the reader to relevant information in the extended paper.

# **Conceptualising experiences of deployment for partners of currently serving military personnel**

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## **Abstract**

The Armed Forces Covenant (2016) proposes that serving people and their families should not be disadvantaged, yet mental health inequalities for military partners are impacted on by the deployment cycle.

The research aimed to construct the experiences of UK military partners in relation to deployment by drawing on pertinent existing theories of cultural psychology, feminist psychology, social identity, structural family therapy and stress appraisal.

Inductive- deductive Thematic Analysis was utilised for secondary data. Four themes were constructed: 1) Powerlessness; 2) Tensions between multiple identities; 3) Coping expectations and the conflicting reality; and 4) Cycling through transitions.

This research offered new contributions relating to the complexity of the deployment cycle and the wider difficulties experienced by a marginalised group of (mostly) women relating to power, identity and coping. Community psychology-based interventions, such as collaborative coproduction of psychoeducational resources and peer support opportunities may benefit this population.

## **Keywords:**

Military partners; Military; Deployment; Thematic Analysis; Social Construction; Cultural Psychology; Feminist Psychology

## Introduction

The military in the United Kingdom (UK) has an increasing workforce comprised of regular UK forces, volunteers, and other personnel (Ministry of Defence [MoD], 2019a)<sup>10</sup>. The military can be considered more than a profession, but rather a lifestyle (Wood, 2018) where the culture of the military institution is considered unique and distinct from ‘civilian life’ and non-military cultures (Greene, et al., 2010; Luby, 2012). Culture can be considered as values, attitudes and beliefs which provide people with a shared way of interpreting events (Schein, 1990). Military culture has shared values and beliefs of courage, discipline, respect, integrity, loyalty and selfless commitment (British Army, 2015). Further, military values are encouraged, along with a sense of pride in the military culture, (Wood, 2018), yet such values may discourage other characteristics such as help-seeking and open communication about distress, which may inevitably impact on wellbeing and a perceived expectation to cope. Despite challenges, 82% of families reported feeling pride in relation to their military life (MoD, 2019b); for some military partners, a sense of pride and positive attitude has been shown to improve coping and resilience (Davis, et al., 2011). The distinct promotion and implementation of values for survival, and the distinct language, symbols and view of hierarchy make the military culture unique (Cole, 2014).

A shared culture plays a crucial role for the military to achieve goals, but it can present challenges for serving personnel and their families (Gooddale, Abb & Moyer, 2012). A prominent stressor unique to all branches of the military is multiple and frequent deployments (Padden & Posey, 2013). In the UK, deployment refers “to military personnel who are deployed on overseas operations...excluding... those whose permanent stationed location is outside the UK” (MoD, 2016a), which seldom includes the family unit.

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<sup>10</sup> See 1.1 for military statistics



Mental health difficulties and psychological problems remain a concerning experience for military partners<sup>11</sup>, as “overlooked casualties of war” (Bateman, 2009). Compared with the general population, UK military partners reported significantly higher levels of depression (Bennett, 2017; Gribble, Fear & Goodwin, 2018) anxiety and stress particularly during deployment compared to pre- and post-deployment (Bennett, 2017). While the effects of deployment on UK military partners’ wellbeing and mental health are documented, albeit from a limited number of studies, there is little published literature considering the potential reasons for these difficulties from the perspective of psychological theory.

Literature from the United States (US) suggested that military partners’ mental health difficulties during deployment were associated with limited communication with the serving person (Greene, et al., 2010), multiple, prolonged and longer deployments (De Burgh, et al., 2011), lack of control and uncertainty (Padden & Agazio, 2013) and concern for the serving person’s safety (Carter, et al., 2019). A recent meta-synthesis, with research predominantly from the US, concluded that military partners felt emotionally overwhelmed or avoidant during deployment, influenced by their support systems and ability to attend to their own needs rather than suppress them to prioritise the serving person’s needs. Yet some partners developed independence and strength through deployment (Hassett, Sabin-Farrell & Schröder, 2020)<sup>12</sup>. There have been some attempts to explore the deployment cycle, including pre, during and post deployment (Pincus, et al., 2001; Vincenzes, Haddock & Hickman, 2014) but they are methodologically poor and so largely inapplicable, clinically and within wider society<sup>13</sup>.

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<sup>11</sup> Military partner(s) will be the term used throughout to describe any person in a romantic relationship with someone in the military, unless the research specifies a particular subgroup i.e. wives or spouses. The partner serving will be referred to as the serving person or serving personnel, as a collective.

<sup>12</sup> See 1.2 for further information about mental health and the military

<sup>13</sup> See 1.3 for more about deployment cycles

Transitioning to a new culture involves psychological adjustment by “acquiring new language, learning new interpersonal and social behaviours, becoming accustomed to new values, often becoming a member of a minority group and adjusting one’s self concept” (Heine, 2016, pp 260). Repeated separations and reunions have been shown to create “culture clashes” for the serving person, leading to distress and relational difficulties (Greene et al., 2010), which impact both serving personnel and their partners and families (Park, 2011)<sup>14</sup>. Further, serving personnel experienced difficulties when partly immersed within a culture (Dandeker et al., 2010).

Less is known about the impact of deployments, and associated military culture, on military partners from their perspective. The “ideal military wife” may adopt the military’s worldview and see themselves as serving too (Enloe, 2014), and partners who accept the military as part of the relationship better manage deployment related stressors (Aducci, 2011). However, Aducci (2011) further interpreted that US military wives experienced a ‘disenfranchised existence’, with distress exacerbated by responsibilities of emotional caregiving, assuming androgynous roles, and feeling their relationship was a ‘couple–military threesome’ that they bore in silence (pp 243). Such experiences could be perceived as demonstrating gender inequality. Despite challenges, military partners utilised their strength and resiliency to support serving personnel during their service (Aducci, 2011), mirroring sentiments that the military gains not one but two members: “the man and his wife” (Dobrofsky & Batterson, 1977, pp675). UK research has shown the role of female partners to be invisible yet essential for the military to achieve its tasks (Basham & Catignani, 2018; Hyde, 2016), through their being in a constant state of readiness, “picking up the slack”, and managing the deployment disruptions, for both serving personnel and the family (Basham &

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<sup>14</sup> See 1.4. for more information on Cultural psychology, values and the military.

Catignani, 2018; Hyde, 2016)<sup>15</sup>. As most partners are female (MoD, 2019b), a feminist psychology perspective can be employed to understand women's experiences and consider the influence of societal institutions on women (Wolff, 2009).

In addition to psychological theory from cultural and feminist perspectives, other pertinent psychological theories may be relevant to the current research, to support the understanding of military partners' deployment experiences and culture, wellbeing, social processes, and coping: Social identity theory (Tajfel, 1974); Structural family theory; and Stress appraisal and coping (Lazarus & Folkman, 1987).

Given the promotion of shared culture and values within the military, group identity may be relevant for military partners, yet little is known about how military partners perceive their identity. Tajfel (1974) posited that when identifying as a group member, social identities become engaged and create a search for positive distinctness within their 'in-group', compared to another 'out' group to maintain their membership. Social identity theory may not account for all the complexities of individuals' multiple contexts and identities, yet it can be a useful viewpoint to consider individual experiences of group processes<sup>16</sup>.

Another viewpoint considering group processes would be structural family theory, where families are considered psychosocial systems embedded within wider social systems, comprised of family rules, beliefs and roles influenced by wider cultural, social and familial norms (Vetere, 2001). Distress is considered a reaction to environmental change, with coping strategies such as communication patterns and resources residing within the interpersonal system (Vetere, 2001). Further, structural family theory explores the way the family is organised, where power lies, and how the family cope with stability and change (Minuchin,

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<sup>15</sup> See 1.5 for more on feminist perspectives and military research

<sup>16</sup> See 1.6 for theories of social identity

1974)<sup>17</sup>. Given the importance of hierarchy and selfless commitments within military culture, it is important to consider whether power is relevant within the military family structure and the experiences of power, if any, on military partners. Social power can take many forms, for example informational power is considered the ability to bring about change through the resource of information (French & Raven, 1959)<sup>18</sup>. As such, the military, as a significant institution for military families, and its culture may shape and influence the family systems rules, roles and the operation of power within the system. Further, these may contribute to military partners' experiences of wellbeing and coping.

Lazarus and Folkman (1987) proposed a theory for stress and coping: they suggested that individuals appraise situations to decide whether they would be considered threatening, and if so, make further perceptions on their ability or inability to cope with the threat<sup>19</sup>. Though the stress appraisal model (Lazarus & Folkman, 1987) aims to reflect an interaction between the environment and the individual, the notion of appraisal may locate the vehicle for change within the individual rather than the system around the person. In attempts to cope, individuals may engage in emotion focused coping styles whereby they attempt to regulate emotional responses to the problem (Lazarus & Folkman, 1987). However, such coping strategies have been found to predict high levels of psychological distress during deployment, for US military spouses (Diaz, 2015). Further, other coping strategies to manage the impact of deployment have been evidenced for partners, including minimising concerns and withholding information from the serving person (Marini et al., 2019), hazardous alcohol consumption (Gribble et al., 2018), denial of the deployment and distraction (Diaz, 2015). However, other research has indicated a sense that military partners are unsure how they cope with military life, what helps or hinders, suggesting that they are 'just making it work'

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<sup>17</sup> 1.7 for more information on structural family theory

<sup>18</sup> See 1.8 for more information on types of social power

<sup>19</sup> See 1.9 for more information on theories of stress and coping

(Basham & Catignani, 2018) or ‘just’ coping (Gribble & Fear, 2019)<sup>20</sup>. Overall, there is great importance for understanding the way cultural and social processes influence individual experience, mental health behaviours (Westphal & Convoy, 2015) and coping within military partners.

## **Rationale**

Whilst military partners are known to play vital roles for military personnel and families, there is quantitative evidence of mental health inequalities for military partners (Bateman, 2009; Gribble et al., 2018), which are impacted by the cycle of deployment (Bennett, 2017). Qualitative evidence would provide a more nuanced understanding of the psychological impact of the deployment cycle on military partners. Further, as an under-researched group, it is important to hear and reflect partners’ experiences of deployment, and the military culture, identities, wellbeing and coping styles, through in-depth exploration. A qualitative investigation of military partners’ experiences from the perspective of cultural, feminist and psychological theory can inform understanding of current experiences, relating to the impact of deployment, to inform strategies and interventions to promote wellbeing.

Clinical psychologists and healthcare professionals more widely, should aim to develop, promote and utilise cultural competence to be effective at working with individuals from different cultures (Heine, 2016). Thus, gaining understanding from the perspective of military partners, as a cultural group who experience disproportionate mental health difficulties, is essential for mental health professionals.

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<sup>20</sup> See 1.10 for further information on all studies relating to military partners’ coping

Lastly, the armed forces covenant (MoD, 2016b) encapsulates a moral obligation to those who serve, have served, and their families, so that they should face no disadvantage compared to other citizens<sup>21</sup>.

### **Aims**

The research aimed to construct the experiences of UK military partners in relation to deployment by drawing on pertinent existing theory. The research aimed to understand: 1) How do military partners experience culture and deployment? 2) How do military partners perceive their mental health, wellbeing, and identity during deployment? 3) How do military partners perceive coping with deployment?<sup>22</sup>

### **Method**

#### **Sample**

Data were obtained from 388 participants (from an overall sample of 563) as they had provided qualitative responses as part of an online survey between May and September 2016 regarding the mental health of UK military partners and the variability between stages of deployment. The qualitative data had been collected but not analysed prior to the current study. From the original survey, ‘data were obtained from a cohort of British Armed Forces personnel partners whose partner had deployed in the past five years, was currently deployed or was due to deploy in the next twelve months. Partners were defined by being in an ‘intimate relationship’ (Bennett, 2017, pp 36).

Partners were recruited in the original study (Bennett, 2017) through social media advertisements on support groups specifically for partners of British Armed Forces personnel and through military partner organisations, charities, and agencies, leading to a snowballing sampling method. Qualitative Responses were gathered from twelve open-ended questions

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<sup>21</sup> See 1.11 for clinical relevance and extended rationale

<sup>22</sup> See extended aims

which asked participants how did they feel before, during, on, after and about their upcoming deployment; how they coped before, during and after deployment; and how they considered their role changed prior to, during, and following deployment. They were also asked to describe the impact of the deployment on them<sup>23</sup>.

## **Ethics**

Ethical approval was granted by University of Lincoln's School of Psychology Research Ethics Committee (SOPREC) for both the original study and for the research team to access secondary data related to qualitative responses which had not been previously analysed<sup>24</sup>.

## **Epistemology**

A social constructionist epistemological standpoint informed this study in line with the researchers' beliefs and principles of cultural and feminist psychology theories. These positions influenced the use of qualitative methods, specifically Thematic Analysis (TA) from a social constructionist stance<sup>25</sup>.

## **Data preparation**

Qualitative data are words or textual forms of meaning that 'are not easily reduced immediately (or, sometimes, ever) to numbers' (Richards, 2015, pp38). The open-ended survey responses ranged from one word to 383-words, totalling 40,070 words of data. One- or two-word responses totalled only 537 words of data and were predominately responses to 'how did you feel...' questions, i.e. 'anxious'. All responses were embedded within the wider meaning and context of the open-ended questions, in line with the social constructionist epistemological position. Therefore, all responses were considered qualitative, rather than

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<sup>23</sup> See 2.1 for more information on sampling and data

<sup>24</sup> See Appendices A and B for ethical approval documents.

<sup>25</sup> See 2.2 for more on epistemology

reducible to numbers, and synthesised within the TA, to understand or interpret meaning of textual information considering the context it is gathered within (Braun & Clarke, 2013).

Data from the open-ended questions were grouped into three sets of data based on deployment stage: pre-deployment, during, and post-deployment due to the overlapping, rather than distinct nature of responses to the questions. Data were coded and analysed as a collective, but the distinction allowed for exploration across the stages of deployment<sup>26</sup>.

## **Analysis**

TA (Braun & Clarke, 2006) was implemented; an inductive-deductive TA was chosen for its flexible approach enabling the analysis and reporting of patterns across whole data sets. The approach allows for both new findings and connections to existing, relevant theory through inductive and deductive analysis. TA fit the epistemological perspective of this study. Data were analysed from an inductive perspective first, to reduce bias and to remain close to the data, followed by deductive coding to include theoretical perspectives of cultural psychology, feminist psychology, social identity, family theory and coping. Latent level, interpretive themes were generated to go beyond describing the data, to construct underlying meanings, assumptions, frameworks or ideologies that underpin semantic meanings (Boyatzis, 1998)<sup>27</sup>.

## **Reflexivity**

Given the interpretative nature of analysis, from a social constructionist approach, reflexivity was essential to consider the researchers' own beliefs and values that may influence the interpretation of the data<sup>28</sup>. A reflective diary was used throughout the research to account for researchers' own views and decision making. The coding and themes developed by the first author were reviewed with researchers in supervision for reflexivity.

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<sup>26</sup> See 2.3 for further information on data preparation.

<sup>27</sup> See 2.4 for more information about TA, levels of analysis and rationale for the chosen methodology

<sup>28</sup> See 2.5 for more information on reflexivity and how it was maintained in this study



## **Results**

### **Demographics**

The sample was predominantly female (383 people; 98.7%), with four male participants (1%), one preferred not to say (0.3%). Most were married and considered themselves spouses (340 people; 87.6%). Others described themselves as 'in a relationship' (24; 6.2%) or engaged (10; 2.6%). A smaller proportion of partners were no longer in a relationship with the serving person; eight reported to be separated (2%) and four divorced (1%). One was widowed (0.3%).

### **Thematic analysis**

All themes were constructed utilising codes from both inductive and deductive TA.

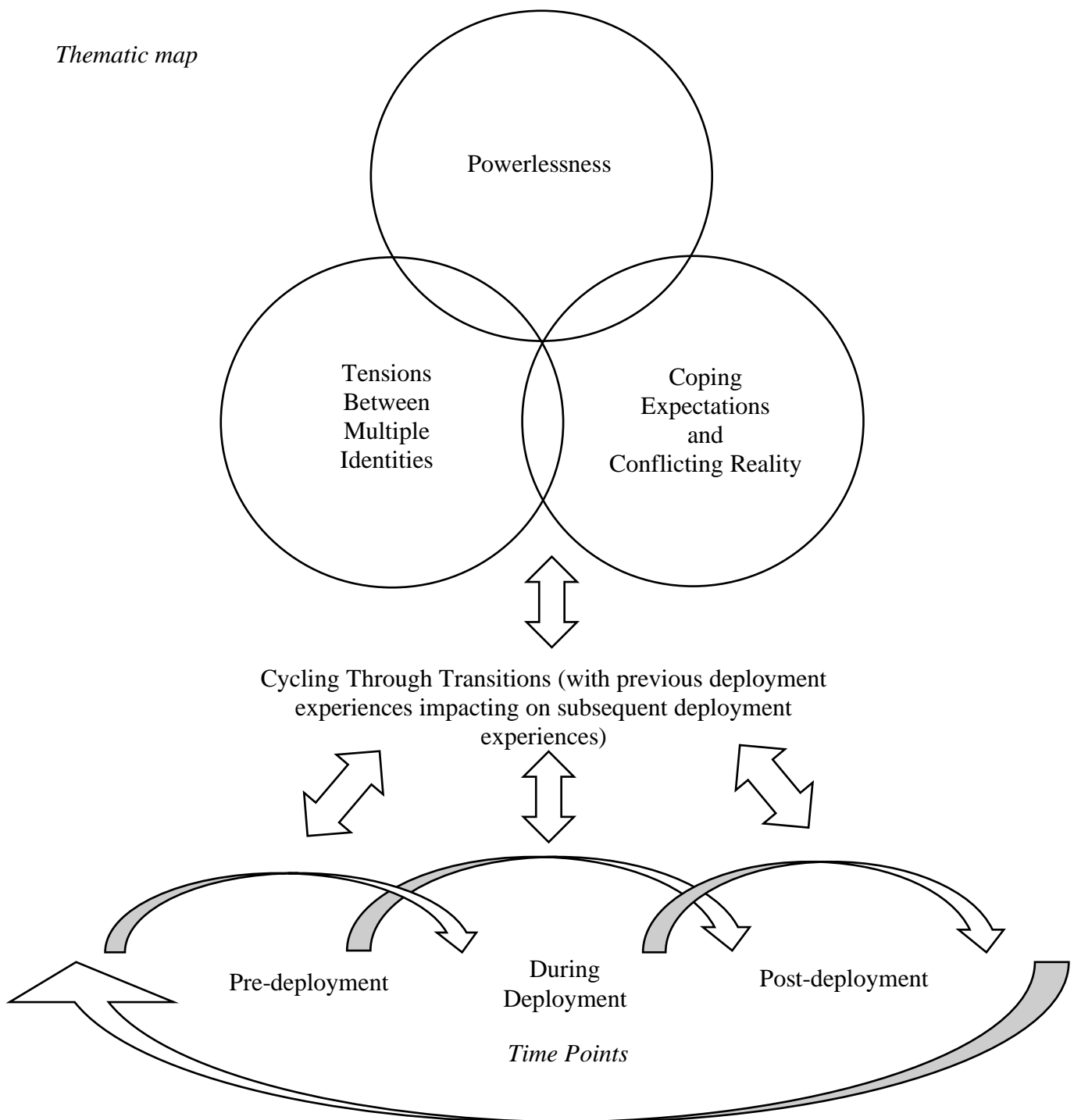
Four themes were constructed: 1) Powerlessness; 2) Tensions between multiple identities; 3) Coping expectations and the conflicting reality; and 4) Cycling through transitions (See figure 2)<sup>29</sup>.

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<sup>29</sup> See extended results for further explanation of the thematic map and additional supporting sections of themes.

**Figure 2**

*Thematic map*



***Powerlessness***

The power exerted by the military over military partners appears to have been expressed through notions that military partners' needs, and wellbeing were not as important as the serving persons', resulting in feelings of powerlessness and associated distress. Some partners considered deployment being "for the sake of it".

Some partners expressed that the military and the serving person were unaware of the military partner, the family, and their needs, and further dismissed them as being unimportant, when made aware, e.g.

*I felt my role is perceived as less important. Not by partner so much but more by the military in general. The focus is on his deployment and even the leaflets handed out to supposedly offer helpful info were written to the person being deployed. I felt invisible to the RAF.*

Military partners are an 'out-group' predominantly expected to subjugate their own needs to support their mostly male partners. The hierarchical structure, with the (mostly female) partners' needs considered less than the serving person, and both less than the military, left military partners feeling upset, angry, resentful, or resigned. Some military partners located these difficulties within the military organisation or culture, which allowed them to maintain their couple subsystem, e.g.

*I've never felt so enraged and upset that they wouldn't budge on changing any of it, despite me mentioning to them while he was on deployment that it was the only time we'd be able to do something together.*

Feelings of being misunderstood extended to other organisations for a small minority of partners, who were unaware of support available or thought health services or professionals were unaware of the military lifestyle. As one partner described when diagnosed with mental health difficulties, "It was a normal reaction to an extraordinary situation so how can that be classed as depression". Military partners did not seek (further) help as they did not conceptualise their difficulties as relating to mental health. One manifestation of powerlessness could be an invalidation of their own needs and beliefs that there is no help available for them.

The sense of powerlessness reached far beyond deployment and impacted on their lives and wellbeing more globally while some were left questioning the purpose and necessity of the military on their lives, e.g.

*I feel anger towards the British army for not caring and not supporting my husband and me when we needed support. I feel quite bitter towards our whole situation and can't wait until the army have no say in our life and decisions.*

Powerlessness was felt by military partners due to the lack of information shared by the military, in relation to notice, changing dates of deployment and return, but also perceptions of fear or safety for the serving person based on lack of knowledge of their role or deployment location:

*I was beyond scared that he wouldn't come home (I had very little understanding of the fact that he was going to bastion and how safe bastion actually was) I was petrified he'd be called out of the camp to fix vehicles (he's REME) Petrified doesn't even begin to describe it.*

Overall, a sense of being bottom of the hierarchy, with limited knowledge provided and needs ignored or misunderstood seemed common experiences through all deployment stages. Perceptions of powerlessness impacted partners' views of deployment and their lives more generally, influencing their likelihood to seek help and support from the military and wider services.

### ***Tensions between multiple identities***

Throughout all stages of deployment, military partners faced changes to their identity which were perceived as threatening or as presenting opportunities, with more manageable experiences of deployment when able to adapt their identity.

Some partners formed an identity as or with military partner(s) which increased perceived availability of social support, a sense of belonging, and an acceptance of their position to support the serving person to do the “job he loved” and “When I married, I married into the military: I did that with full awareness of what that would involve, a big part of which is accepting a certain lifestyle”.

The sense of pride allowed partners to thrive during deployment but, for some, created a divide with other groups, such as non- military people and “others” that they perceived did

not understand, e.g. “It's an emotional roller coaster that no civvie friends/ work colleagues will ever understand unless you have been through it”; adopting military language further highlights the difference between ‘in-group’ military and ‘others’. There were associated challenges or perceived inequalities in the military identity through cultural expectations of rank, marriage, living arrangements or parental status: “I was just a girlfriend, so half the time I was battling with the army just to be heard and accepted as there really isn't much of a lifeline if your [sic] not married”.

Alongside or instead of the military identity, some partners used the relationship within the couple system to cope; utilising communication through all stages of deployment, sending care packages to the serving person during deployment and spending valued quality time together prior to, and after deployment. Some struggled with their position in the couple relationship without the other member present, feeling “forced into singlehood” or “left behind” by the serving person, leading to marginalising their identity as a partner:

*I'm existing and feel resentment towards the job. People say that I knew what I was getting into when I married him, but I didn't realise the extent to which he'd just be passing through our life together. We don't share a life. We exist in parallel lives that occasionally intersect.*

Unsurprisingly, it was not deployment alone that caused distress, but the addition of other life events and juggling of competing identities, such as becoming “both parents”, being an employee, a carer, having an unwell relative, experiencing bereavements, etc. Some shared the sentiment that life does not “just stop because [he] is away”, with partners either adjusting to multiple roles and demands or sacrificing roles or identities to meet deployment demands:

*You have to be almost a chief cook and bottle washer, as well as circus clown to keep their morale up. It becomes like a balancing act of coping with your own pressure, their pressure and the situation's pressure all at once. Everything seems to go wrong when they are away.*

Developing a strong independent identity during deployment enabled focus on their own self-care and needs, which could be achieved through their employment, interest and hobbies:

*Having sacrificed a lot to move and be part of a military life the deployment gave me the motivation to get what I needed in order to make my life better. i.e. training in a new career and starting my own business.*

An independent identity may have been lost and routine disrupted when the serving person returned, however, advantages of the couple reunion included shared responsibility, return to “being a team” and feeling safe and loved:

*Once you get used to him being away and you have a routine, when he returns and upsets that it upsets me because I feel resentful... Then I feel AWFUL for feeling like that because I am so glad he is home safe and sound.*

Overall, some partners developed or strengthened identities with the military, as a couple, socially or independently. Challenges arose when a sense of identity was undeveloped or when belonging to multiple, conflicting cultures or identities, leading to desired and enacted but unfulfilled identities.

### ***Coping expectations and the conflicting reality***

There appeared to be multiple conflicts between the actual coping that partners reported or implied, versus the expectations placed upon them by the military, their partners or themselves.

Military partners’ experiences reflected the wider cultural view of coping, to “just get on with it”, showing shared beliefs between the cultural and familial systems. However, ironically, many could not say how they adjusted and often did not “just cope” at all. Military partners, who were mostly female, expressed concerns about coping, based on typically gendered stereotypes influencing their own expectations or (feared) beliefs of others. One partner shared, “But my husband works in bomb disposal, and there are standards you have to man up to if you're a bombs wife, so you just cope with it”.

Some partners stated they were “fine”, keeping the depth and gravity of distressing emotions unspoken from the data initially but then later inferred or described experiences which were very distressing, such as anticipatory anxiety, fear, and “like you are grieving”. The

expectation to show they were coping, despite distress, appeared to contribute to suppressing or withholding difficult emotions:

*Emotionally fine: we're a military couple... Before he deploys I do get nights where I can't sleep at all and just panic, and I also get nightmares about terrorists quite a lot, but that's all under the radar and I think it is transferred anxiety from general life stress and the constant background fear of being widowed in my early 30's.*

Some hid their grief, loss and loneliness from others, due to cultural or familial norms and expectations placed upon them. Such as shielding the serving person to protect their wellbeing and not jeopardise their role in the military; or believing that the serving person would be unable to help; or prioritising the wellbeing of others within the system, including children and other family members. One described, “I would never tell my husband while he was deployed if I was struggling; it’s not fair on them when there's nothing they can do to help”. On the serving person’s return, some felt distressed or unhappy but described the expectation that any response beyond relief, happiness and gratefulness would be unacceptable. As such many expressed sentiments such as “very happy they were home but...” or “of course I was relieved but...”

Additional stressors were noticed more when partners were alone, or already feeling they had “reached capacity”, and therefore perceived that they had less ability to cope with perceived threatening situations. In contrast, a small proportion of partners perceived they had skills, routines, and abilities to flexibly adjust and cope, therefore viewing deployment as less threatening:

*I'm quite used to my partner being away now. I snap into routines at the touch of a button. I expect the worst, i.e. Kids to be ill, dog to get ill, something to break. I can usually plan in advance.*

Many partners favoured avoidance as a way of coping due to seemingly intolerable strong emotional experiences and beliefs or expectations that emotions should not be felt. At times, avoidance manifested in the elimination of reminders of the serving person and avoiding the

news and media. One partner shared: “Initially, I clean the house, and put all his stuff away. His chair is removed from the dinner table to make it less visible that 1 person is missing to the youngest child”. It was unclear whether such strategies were useful for children or a preferred coping strategy for the military partner. There also seemed a sense amongst a smaller proportion of partners that they were resisting the idea of deployment by “just not thinking about it” but then willing deployment “to be here so could get it over and done with”. For some partners, they were almost wishing the deployment part of their life away, to return to ‘normality’ within the system. Other known emotion focused coping strategies such as substance misuse and explicit denial of the deployment were missing from the data.

### *Cycling through transitions*

Military partners reported different emotional, social, and practical experiences at each transition through deployment. Before deployment, partners reported practical adjustments in preparing for deployment: they took on additional roles within the household, the couple or family life more generally. Some partners viewed the first few weeks of deployment as the hardest, whilst adjusting practically and emotionally. However, most felt that a routine could be developed, which many viewed as helpful and effective in coping. Towards the end of the deployment, there was a sense of “countdown” to return where partners experienced excitement, began preparing for adjustments and re-establishing roles, and an apprehension of return. On the serving person’s return from deployment, there appeared to be a further readjustment period. Finally, the cycle appeared to start again, with worrying, planning and a sense that the next deployment lingered.

There were notable variations in psychological adjustments amongst the partners who discussed their multiple deployment experiences. Over a third of partners shared the positive aspects of multiple deployments; it was conceptualised that experience or increased immersion into the military culture, through multiple deployments, had beneficial impacts on



flexible adjustments, coping, learning and developing routines, and wellbeing. As one partner expressed, “Deployment became routine for us as a family- in 6 years my partner deployed annually for 9 months a year...Deployment can be enriching- you grow as an individual and everything is strengthened as a family”. Readjustment to post-deployment transitions led to some partners feeling relieved and having time for themselves and as a family again, demonstrating the positive psychological adjustments of the partner but also the familial system.

However, not all held this view: just under a third of partners referred to being “used to” deployment through multiple experiences, thus “becomes normal”, though often they did not expand as to whether this was beneficial or rather a resignation to the repeated deployment experience. For those who expressed a sense of resignation, at times it extended to a sense of hopelessness or a sense of disconnection from the serving person and their life together. One explained deployment “had become routine as so frequently deployed or away from home. Felt business-like and a process to get through”.

Most concerning, a similar number of partners reported that multiple deployment experiences were problematic and “take their toll”. Data demonstrated that repeated deployments increased partners’ distress if they had previous difficult or stressful experiences or felt repeatedly unsure how to cope or lacking useful coping strategies. As one partner indicated, “But no matter what, the word "Deployment" will always have this stigma about it. This shiver down your spine of having to go it alone for a little while”. Deployment challenges continued for some when the partner, serving person or both were physically or mentally unwell following deployment. Difficulties with health or psychological responses to deployment led to (mostly) female partners continuing to look after the wellbeing of others at the expense of themselves, prolonging the exhaustion. One partner described their process as “When they come back you then have to support them to readjust whilst readjusting too”.

Interestingly, impactful changes and the need for psychological adjustment occurred before deployment itself has begun: “There isn't enough support for soldiers and families before they go as this is a very unsettling time and needs to be treated the same way as deployment and return”, perceiving that the lack of support prior to deployment was under-recognised.

Conceptualising partners’ experience of multiple deployments helped to understand the different trajectories and psychological adjustments that partners may face, considering a positive impact on coping and belonging, a sense of ‘normal’ or acceptance, or for some, hopelessness, resignation or continued, repeated distress.

## **Discussion**

The research aimed to understand: 1) How do military partners experience culture and deployment? 2) How do military partners perceive their mental health, wellbeing, and identity during deployment? 3) How do military partners perceive coping with deployment?

Overall, the themes constructed through the research reflected multiple influences on military partners’ experiences of deployment by drawing on pertinent existing theory. Themes consisted of the influence of power within the military culture, the identities that were desired, enacted or placed upon military partners, and their methods of coping, all of which varied and changed at different stages of deployment and impacted on the military partners’ perceived wellbeing and mental health.

For some, adopting a military identity and culture supported the ideas that a sense of pride, positive view of, and identification with the culture aided successful transitions, better adjustments (Heine, 2016)<sup>30</sup>, better outcomes (Aducci, 2011; Enloe, 2014) and coping (Davis et al., 2011), however, this was not the case for all military partners. Results regarding powerlessness and a sense of hierarchy between groups clearly indicated the impact of social

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<sup>30</sup> See 4.1 for more discussion on Cultural psychology, values and the military

power (French & Raven, 1959)<sup>31</sup>. Examples of informational power may not be indications of intentional exertion of power, but rather a lack of understanding about the impact of such decisions on the wellbeing of military partners. Military partners' distress, caused by military's exertion of informational power, supported other research which found mental health difficulties were related to a lack of control and uncertainty (Padden & Agazio, 2013) and concern for the serving person's safety (Carter, et al., 2019).

Many partners experienced mental health difficulties and emotions such as stress, anxiety, low mood or depression and loneliness, supporting existing, yet limited, quantitative studies in this area (Bennett, 2017; Gribble et al., 2018; Padden & Agazio, 2013)<sup>32</sup>. However, there appear to be barriers to help-seeking for mental health difficulties and wellbeing. Results indicate a combination of the partners' invalidation of their own emotions and a sense that others outside of the military, including health services, do not understand and so cannot help that render them powerless and prevent them from seeking support from services.

The demonstrated view of non-military people as the out-group could be explained somewhat by social identity theory (Tajfel, 1974) but it did not fully account for the experiences of participants found in this research whereby partners move between in-groups and out-groups through multiple, competing, changeable and at times conflicting identities<sup>33</sup>.

Apparent differences in relation to the impact of multiple deployments on coping may relate to acceptance of their role within the military culture and the influence of power upon them, or it may have been linked to the partner's stress appraisal (Lazarus & Folkman, 1987). Some partners experienced increased or repeated distress with each deployment without effective coping strategies. Data indicates that an initial distressing or difficult experience led partners to perceive each deployment as threatening, and perceive their inability to cope,

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<sup>31</sup> See 4.2 for more discussion on social power

<sup>32</sup> See 4.3 for more discussion on mental health and the military

<sup>33</sup> See 4.4 for more discussion on theories of social identity

supporting Lazarus and Folkman's (1987) theory of stress appraisal<sup>34</sup>. Some partners found individualised ways of coping, solutions, and resources which proved effective for them, such as employment, social support, and communication, supporting previous research (Greene et al., 2010; Gribble & Fear, 2019). Others developed a sense of independence and resilience through deployment or utilised their relationship with the serving person to cope, as found in US partners (Hassett, et al., 2020). Communication and resources were utilised within the military partners' couple or familial system to flexibly adjust to deployment related transitions, supporting notions of structural family theory (Minuchin, 1978; Vetere, 2001). However, distress experienced by the serving person regarding deployment related transitions was found to have an influence on the rest of the familial system, including partners. Military partners' who were able to adjust and re-adjust to changes, competing roles and positions within the familial system reported less distress relating to deployment.<sup>35</sup> Resources and coping methods varied amongst military partners, though the perception of coping with the threat of deployment and other, multiple transitional changes throughout the deployment cycle appeared to contribute to a sense of psychological adjustment and wellbeing, further supporting Lazarus and Folkman's theory (1987) and structural family principles. However, psychological adjustment may not only relate to the military partner's appraisal of coping and resources but may reflect the actuality of resources available to them within their environment, influenced by the social identities placed upon or enacted by military partners, as well as the cultural expectations.

Expectations were placed upon partners by the military, the serving person, others, and themselves regarding their ways of coping and expected emotions, thoughts, and behaviours throughout the deployment cycle. From a feminist perspective, the sample of mostly female

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<sup>34</sup> See 4.5 for more discussion on theories of stress and coping

<sup>35</sup> See 4.6 for discussion on structural family theory

partners indicated beliefs that they were expected to subjugate their own needs to support their mostly male partners (the serving person), which is a traditional gender role that is being challenged in wider society but perhaps holds strong within military culture. Perhaps partners subjugated their own needs and placed them second to those of others through the fear of negative consequences, such as being judged by others, demonstrating the use of coercive power. Military partners' experiences of sacrificing their own needs may also have related to the use of legitimate power, based on the norms and expected roles within the military culture in-group which created the sense of powerlessness. This supported previous research where female partners expressed, they "just got on with it" (Basham & Catignani, 2018; Gribble & Fear, 2019)<sup>36</sup>. These experiences highlight the potential institutional oppression influencing, producing and sustaining gender inequality (Wolff, 2009). Similarly, expectations upon the military partner may indicate the family rules and roles within their system, influenced by wider military cultural and social norms (Vetere, 2001). The perceived expectation to cope by subjugating, withholding or downplaying their own needs appeared to increase distress or a sense of ambivalence rather than positive wellbeing and coping<sup>37</sup>. The findings supported a recent literature review, of predominately US studies, that military partners' wellbeing was influenced by their ability to attend to their own needs rather than suppress them to prioritise the other partner's needs (Hassett, et al., 2020).

The current research found that the deployment cycle was more complex than primarily indicated by other research (Pincus, et al., 2001; Vincenzes, et al., 2014). It was conceptualised that the pre-deployment phase starts prior to the notice for deployment being given, with worries and anticipation awaiting a date or the potential for a deployment. Then there appeared to be a countdown as the deployment drew nearer, with partners adapting to

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<sup>36</sup> See 4.7 for more discussion on feminist theory and links with military research

<sup>37</sup> See 4.8 for more discussion on military partners' coping

new routines and identities even before the serving person was deployed. There appeared to be the additional strain of training, or other non-deployment tasks, as found in the experiences of US partners (Westphal & Convoy, 2015). The during deployment stage encompassed multiple nuances from the initial adjustment to a new routine (if even possible for some partners), the implementation of the new identity or ways of coping with deployment, and then a countdown of some excitement and anticipation of the serving persons return<sup>38</sup>. The serving person's return also had different trajectories with varied adjustments and identity adaptation before the cycle begins once again. This research offered new contributions relating to the complexity of the deployment cycle.

### **Limitations**

As the research used secondary data from online surveys, it impacted on gaining wider context or further in-depth exploration of information disclosed. A small proportion of responses were ambiguous and further context would have been interesting. Secondly, partners were asked about multiple stages of deployment, not just their current experience, increasing potential bias and implications of memory for other deployments and stages. However, it was useful to gain differing experiences between stages of deployment. Despite the advertisement to include all partners, regardless of marital status and gender, there was a weighting towards female, married participants. A wider range would have been useful to be representative of the population and give voice to more military partners<sup>39</sup>.

### **Clinical Implications and Recommendations**

The research has enabled further understanding of military partners' experiences, particularly relating to deployment. Acknowledging the experiences of a marginalised group of (mostly) women and their struggles with power, identity, and coping, would be the first step towards

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<sup>38</sup> See 4.9 for more discussion on deployment cycles

<sup>39</sup> See 4.10 for additional information on the limitations of this research

understanding their needs in relation to empowerment and better health and wellbeing outcomes. Further, to live up to the covenant (MoD, 2016b), the military and associated organisations need to acknowledge that partners commonly face mental health inequalities directly related to the role. The growing body of evidence indicative of this can be used as the basis on which to offer support to the partner, not just the serving person. The current research can further inform the military and mental health professionals providing support to military partners, by offering a more nuanced understanding of the psychological impact of the deployment cycle. Healthcare professionals, including Clinical Psychologists, should aim to develop further cultural competence relating to the military and the role of power. This may increase military partners' confidence in services to seek support and feel understood. Though individual mental health support may be suitable for some, placing the emphasis on the individual to create change should be done with caution as it may allow societal institutions, such as the military, to continue without change (Wolff, 2009). Given that some military partners felt misunderstood or dismissed by the military and wider systems, it is important there are further opportunities to establish relationships and mutual understanding between military partners, the military and health care services. Such relationships and understandings may be initiated through community psychology approaches (i.e. Kagan et al., 2020). For example, psychoeducational or informational materials could be coproduced between military partners, health care professionals and representatives from military organisations, to encourage collaborative working towards alleviating distress and empowering marginalised partners. These could include psychoeducational information and peer support opportunities which detail military partners' experiences as well as protective factors to support wellbeing and coping. Providing information regarding military deployments (where possible) may alleviate distress occurring from uncertainty. Psychoeducational information about indicators or signs of difficulties which social and

health services may provide support for, may allow military partners to feel more empowered to access services if needed. Further research could evaluate the implementation of collaborative psychoeducational or peer support opportunities from a community psychology perspective.

Future research could also identify military partners who found their initial deployment difficult or distressing and provide more information or support (e.g. psychoeducation, strategies for coping or stress appraisal) as an intervention for coping with future deployments. Additionally, despite open inclusivity of recruitment, participants were predominately married women, so future research could seek to include those in non-married relationships and to be more inclusive of military partners of all genders and sexuality<sup>40</sup>.

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<sup>40</sup> See 4.11 for extended recommendations



## References

- Aducci, C. J., Baptist, J. A., George, J., Barros, P. M., & Goff, B. S. N. (2011). *The recipe for being a good military wife: How military wives managed OIF/OEF deployment*. The Haworth Press Inc.
- Basham, V.M. & Catignani, S. (2018). War is where the hearth is: gendered labor and the everyday reproduction of the geopolitical in the army reserves. *International Feminist Journal of Politics*, 20(2), 153-171. <https://doi.org/10.1080/14616742.2018.1442736>
- Bateman, M. (2009). *The overlooked casualties of conflict*. Portsmouth: The Royal Navy and Royal Marines Children's Charity.
- Bennett, C. (2017). *The mental health of UK military partners and the variability between stages of deployment*. DClinPsy thesis: Available at University of Lincoln.
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage.
- Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.
- British Army. (2015). The army leadership code: An introductory Guide. [https://www.army.mod.uk/media/2698/ac72021\\_the\\_army\\_leadership\\_code\\_an\\_introduutory\\_guide.pdf](https://www.army.mod.uk/media/2698/ac72021_the_army_leadership_code_an_introduutory_guide.pdf)
- Carter, S.P., Renshaw, K.D., Allen, E.S., H.J., Markman & Stanley, S.M. (2019). Everything Here is Fine: Protective Buffering by Military Spouses During a Deployment. *Family Process*, 59(3), 1261-1274 <https://doi.org/10.1111/famp.12457>
- Cole, R.F. (2014). Understanding Military Culture: A Guide for Professional School Counselors. *The Professional Counselor*, 4(5), 497–504. <http://doi.org/10.15241/rfc.4.5.497>
- Dandeker C., Eversden- French, C., Greenberg, N., Hatch, S., Riley, P., van Staden, L., & Wessely, S. (2010). Laying down their rifles: the changing influences on the retention of volunteer British Army reservists returning from Iraq 2003–2006. *Armed Forces & Society*, 36(2), 264 – 89. <https://doi.org/10.1177/0095327X11398332>
- Davis, J., Ward, D.B. & Storm, C. (2011). The unsilencing of military wives: Wartime deployment experiences and citizen responsibility. *Journal of Marital and Family Therapy*, 37(1), 51-63. <https://doi.org/10.1111/j.1752-0606.2009.00154.x>

- De Burgh, H. T., White, C. J., Fear, N. T., & Iversen, A. C. (2011). The impact of deployment to Iraq or Afghanistan on partners and wives of military personnel. *International Review of Psychiatry*, 23(2), 192-200. <https://doi.org/10.3109/09540261.2011.560144>.
- Diaz, S. (2015). *Male Military spouses: The impact of coping style, gender roles, and Military involvement on deployment related distress* (Unpublished Thesis). Available at University of La Verne, United States.
- Dobrosky, L.R. & Batterson, C.T. (1977). The Military Wife and Feminism. *The University of Chicago Press Journals*, 2(3), 675- 684. <https://www.jstor.org/stable/3173273>
- Enloe, C. (2014). *Bananas, Beaches and Bases: Making Feminist Sense of International Politics*. (2<sup>nd</sup> Ed.) University of California Press.
- French, J. R. P., & Raven, B. (1959). *The bases of social power*. In D. Cartwright and A. Zander (Eds.) Group dynamics. (pp259-269). Harper & Row.
- Gooddale, R., Abb, W. R., & Moyer, B. A. (2012). *Military culture 101: Not one culture, but many cultures*.  
<http://www.citizensoldiersupport.org/lib/resources/ORNC%20Military%20Culture%20101%20Workshop%2014%20Sep%2012.pdf>
- Greene, T., Greenberg, N., Buckman, J. & Dandeker, C. (2010) How communication with families can both help and hinder service members' mental health and occupational effectiveness on deployment. *Military Medicine*, 175(10), 745–749. <https://doi.org/10.7205/MILMED-D-09-00278>.
- Gribble, R., Fear, N., & Goodwin, L. (2018). *Sad, mad, or glad? The mental health and wellbeing needs of UK military spouses*. Presented at Veterans' Mental Health Conference. Kings College London.
- Gribble, R. & Fear, N.T. (2019). *The effect of non-operational family separations on family functioning and well-being among Royal Navy/Royal Marines families*. Naval Families Federation.
- Gribble, R., Thandi, G. K., Goodwin, L., & Fear, N. T. (2018). Hazardous alcohol consumption among spouses or partners of military service personnel: A systematic review of the literature. *Journal of the Royal Army Medical Corps*, 164, (5), 380–388. doi:10.1136/jramc-2017- 000845.
- Hassett, C.L., Sabin- Farrell, R. & Schröder, T. (2020). *The impact of deployment on mental health: a qualitative meta-synthesis of military partners' experiences*. Manuscript in preparation.
- Heine, S.J. (2016). *Cultural Psychology: International Student Edition* (3<sup>rd</sup> Ed.) W. M. Norton & Company.
- Hyde, A. (2016). The Present Tense of Afghanistan: Accounting for Space, Time and Gender in Processes of Militarisation. *Gender, Place & Culture* 23(6), 857–868. <https://doi.org/10.1080/0966369X.2015.1058759>
- Kagan, C., Burton, M., Duckett, P., Lawthom, R. & Siddiquee, A. (2020). *Critical Community Psychology: Critical action and social change* (2<sup>nd</sup> Edition). Routledge.
- Lazarus, R.S. & Folkman, S. (1984). *Stress, appraisal and coping*. Springer Publishing Company Inc.

- Luby, C. D. (2012). Promoting military cultural awareness in an off-post community of behavioral health and social support service providers. *Advances in Social Work, 13*, 67–82. <https://doi.org/10.18060/1873>
- Marini, C.M., MacDermid-Wadsworth, S., Franks, M.M., Wilson, S.R., Topp, D. & Christ, S.L. (2019). Military Spouses' Self- and Partner-Directed Minimization in the Context of Deployment. *Military Behavioral Health, 7*(3), 245-256. <https://doi.org/10.1080/21635781.2019.1580643>
- Ministry of Defence (2016a). *UK Armed Forces personnel deployments and military presence of UK regular personnel*. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/564757/UK\\_Armed\\_Forces\\_Personnel\\_Deployments\\_and\\_Military\\_Presence\\_of\\_UK\\_Regular\\_Personnel.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/564757/UK_Armed_Forces_Personnel_Deployments_and_Military_Presence_of_UK_Regular_Personnel.pdf)
- Ministry of Defence (2016b). *Armed Forces Covenant*. <https://www.gov.uk/government/publications/an-explanation-of-the-armed-forces-covenant>
- Ministry of Defence. (2019a). *UK Armed Forces Biannual Diversity Statistics 1 October 2019*. Ministry of Defence.
- Ministry of Defence. (2019b). *UK Tri-Service Families Continuous Attitude Survey Results 2019*. Ministry of Defence.
- Minuchin, S. (1974). *Families and family therapy*. Harvard University Press.
- Padden, D. & Agazio, J (2013). Caring for military families across the deployment cycle. *Journal of Emergency Nursing, 39*(6), 562-569. <https://doi.org/10.1016/j.jen.2013.08.004>
- Padden, D., & Posey, S. M. (2013). Caring for military spouses in primary care. *Journal of the American Association of Nurse Practitioners, 25*(13), 141-146. <https://doi.org/10.1111/j.1745-7599.2012.00809.x>
- Park, N. (2011). Military children and families: Strengths and challenges during peace and war. *American Psychologist, 66*, 65–72. <https://doi.org/10.1037/a0021249>
- Pincus, S.H., House, R., Christenson, J. & Adler, L.E. (2001). The emotional cycle of deployment: A military family perspective. *US Army Medical Department Journal, 2*, 15-23. Retrieved from <http://cdm15290.contentdm.oclc.org/cdm/ref/collection/p15290coll3/id/898>
- Richards, L. (2015). *Handling qualitative data: A practical guide (3<sup>rd</sup> Ed.)*. Sage Publications.
- Schein E, H. (1990). Organizational culture. *American Psychologist, 45*, 109– 19.
- Tajfel, H. (1974). Social identity and intergroup behaviour. *Social Sciences Information, 13*, 65–93. <https://doi.org/10.1177/053901847401300204>
- Vetere, A. (2001). Structural family therapy. *Child Psychology & Psychiatry Review, 6*(3), 133 – 139. <https://doi.org/10.1111/1475-3588.00336>

- Vincenzes, K.A., Haddock, L., & Hickman, G. (2014). The implications of attachment theory for military wives: Effects during a post-deployment period. *The Professional Counsellor*, 4, 122-128. <https://doi.org/10.15241/kav.4.2.122>
- Westphal, R. & Convoy, S. (2015). Military Culture Implications for Mental Health and Nursing Care. *The Online Journal of Issues in Nursing*, 20, <https://doi.org/10.3912/OJIN.Vol20No01Man04>
- Wolff, K.B. (2009). Psychoanalytic Feminism. In J. O'Brien (Ed.) *Encyclopedia of Gender and Society* (pp 686-688). SAGE Publishing Inc.
- Wood, N. (2018). *The Military Human: Understanding military culture and transition*. York St. John University.

## **Extended Background**

### **1.1 Military Statistics**

The total strength of the UK Forces has increased between 1 October 2018 and 1 October 2019 by 0.3 per cent (520 personnel). Since 1 October 2018, while the total strength of the UK Regular Forces has reduced, this has been more than offset by increases in Gurkhas and Volunteer Reserves. The current strength of the UK Service Personnel is 192,660, which include all UK Regular personnel and all Gurkha personnel, volunteer Reserve personnel and other Personnel including the Serving Regular Reserve, Sponsored Reserve, Military Provost Guard Service, Locally Engaged Personnel, and elements of the Full-time Reserve Service (MoD, 2019a).

A recent survey, 'UK Tri-Service Families Continuous Attitude Survey Results 2019', conducted in the UK indicated that "over nine in ten service spouses are female" (MoD, 2019b), as 93% respondents of the questionnaire sent to military spouses and civil partnerships were female, demonstrating a large group of women involved in the military lifestyle. However, it is important to note that the military statistics gained were from a small sample of married or civil partnership partners of regular serving personnel only, discounting the important statistics and experiences that could be gained from other romantic partners and from other military personnel. The inclusion of spouses only has been common to date within wider society and military research also; most terminology refers to "military wives", with most research studies predominately including wives. Further, the survey (MoD, 2019b) would have been useful to capture the views of volunteer or reserve forces also, given that they are a growing population within the military. The survey was distributed via the serving person, potentially leading to a positivity bias in personnel who choose to pass it on to their partners, and then again in partners who opt to complete it. A greater percentage of officers' spouses completed and returned the surveys (38%), compared to the completion rate of other

ranks (21%) despite an increased number of surveys being sent to other ranks, to correspond with the population. Positively, the researchers weighted the responses compared to population of non-response rate, to attempt to accurately reflect the wider military population. However, it does raise an interesting notion that higher percentages of officers' spouses, with typically more power and hierarchy within the military, are more likely to return surveys used to inform the development of policy and measure the impact of decisions affecting personnel, including major programmes such as the Armed Forces Covenant and Armed Forces People Programme. It would be useful, if not essential, to try to support partners (whether spouse or otherwise), of all ranks and gender to have a voice, be able to provide honest reflections to promote change in support for all military partners.

## **1.2 Mental health and the military**

Mental health difficulties have been well researched within veteran populations, whereas research into partners and families within the UK is emerging. A recent doctoral thesis concluded that UK military partners reported significantly higher levels of depression (45.8%), anxiety (18.7%) and stress (37.1%) compared to the general population (between 5.2 and 5.8%), particularly during deployment compared to pre- and post-deployment. The between-subjects design used by Bennett (2017) compared partners who were grouped and analysed by their current stage of deployment, not accounting for their prior experiences of other stages, therefore a direct link between stage of deployment and mental health difficulties could not be concluded.

Gribble (2017) explored UK military spouses' social connections during accompanied postings in a report prepared for the Army Families Federation. Accompanied postings are when the whole family or couple relocate for a military purpose, whereas Deployments are where the serving person leaves for the purpose of a military task, whilst the partner or family remain behind. These two notions may have different implications for the wellbeing of

partners, requiring further exploration. As military partners relocated for accompanied postings, there was a sense that maintaining relationships with family, friends, and social connections was difficult due to physical distance. The disconnection meant that some partners did not have access to the support needed during worrying times, resulting in increased distress, isolation and a sense of loss, which was perpetuated if they had difficulty making connections following the move. Some military partners reported a feeling of belonging within the military community, with regimental and rank structures reported to both help and hinder building social connections. Hindrance occurred when social connections between military partners were limited to those with a husband of similar rank (Gribble, 2017). The context of possible social disconnection or isolation may be important when considering the mental health of military partners.

One study found that most female partners of serving military personnel within the UK have good mental health and wellbeing, but there is a higher rate of depression than the general population and they are more likely to rate their relationship as ‘unhappy’ (Gribble, Fear & Goodwin, 2018a). The wellbeing of female spouses is influenced by accompanied postings, identity, agency, and connectedness (Gribble et al., 2018a). Gribble (2019) later concluded, for military partners on non-operational postings (shorter, but more frequent separations unrelated to operational deployments, common in the UK Navy), access to family support was helpful. Additionally, the impact of non-operational deployment on the partner’s employment, changes to family roles and family dynamics, spouse and child health and welfare, all impacted on the partner’s functioning and wellbeing. The accumulation of stressors related to or attributed to non-operational separations, such as partners and families living separately from the serving persons living location on the base, impacted negatively on mental health. UK military spouses reported that other, non-deployment related separations impacted negatively on their employment, family functioning and their health and wellbeing

(Gribble, 2019). As such, the military partners may experience similar impacts on their health and wellbeing during deployment, but research is needed to explore deployment experiences in UK partners.

A quantitative literature review (De Burgh, White, Fear & Iversen, 2011), of 14 US studies, evaluated the health and wellbeing of spouses of military personnel who had been deployed to Iraq or Afghanistan, specifically examining psychological morbidity, help seeking, marital dysfunction and stress in spouses. Further, findings indicated that longer deployments, deployment extensions and Post Traumatic Stress Disorder in military personnel were associated with psychological problems for the spouse. De Burgh et al., (2011, pp 199) concluded: “In view of the ongoing military operations, addressing the effects of deployment on spouses is important. The mental well-being of spouses impacts not only on the individuals themselves, but also on their military partners and the wider family”. However, mental health and psychological wellbeing of military partners remains a concern, almost 10 years on.

The proportion of families seeking mental health treatment increased from 14% in 2016 to 19% in 2019 with ‘Other Rank’ families being more likely to seek mental health treatment than Officer families (21% and 14% respectively) (MoD, 2019b). These findings were interesting to compare to other questions asked in the UK tri-services survey (MoD, 2019b) which indicated the highest percentage of service spouses rated ‘high’ or ‘very high’ to satisfaction with their life nowadays (59%), feeling happy ‘yesterday’ (58%) and felt the things they did in their life were worthwhile (63%). The contradictory findings could be due to the lack of direct questions about mental health or negative aspects of mental wellbeing, the lack of opportunity to discuss mental health difficulties within a closed survey format, or a bias or concern regarding answering the survey received through the military. Given these findings and potential difficulties with the format of data collection in some areas, partners’



experiences need further exploration to understand why psychological problems may occur and to generate awareness, support, interventions and further research.

A qualitative meta-synthesis (Wilson & Murray, 2016) explored military partners' experiences of deployment to provide a greater understanding of the challenges and responses involved for them. The authors included 11 studies and utilised a meta-ethnographic approach to generate five concepts: multitude of emotions; methods of coping; communication with partner; relentless responsibilities; and positive outcomes. The meta-synthesis highlighted research relating to the 'during deployment' stage only, with many of the reviewed studies from the US and involving military wives only. As such, the authors proposed "Additional research involving military partners from different countries/cultures, or dual career military personnel, would also add to the understanding of their experiences during deployment. As most respondents were military wives, it would be beneficial to conduct research with male partners, or those who are unmarried" (pp118). Whilst the recruitment strategy of the original study aimed to broaden the recruitment of participants to be more inclusive (Bennett, 2017), participants in the current study were mostly married females.

A more recent qualitative meta-synthesis (Hassett, Sabin-Farrell & Schröder, 2020) included 12 studies to explore military partners' experiences of deployment and the perceived impact of deployment on their mental health. Five themes were identified: 'emotional health' (emotions: too many or too few, fear and uncertainty, anger); 'social support and wellbeing'; 'partners' needs second to those serving'; 'resilience and strength' and 'growing closer or growing apart'. From these, the authors concluded that deployment can affect military partners' mental health, leaving them feeling emotionally overwhelmed or avoidant. Some partners appeared to develop independence and strength through deployment and experienced greater closeness within the relationship to the serving person. Partners' experience of mental

health difficulties was reportedly influenced by their support systems, the use of communication within their relationship, and their ability to attend to their own needs rather than suppress them to prioritise the serving person's needs (Hassett, et al., 2020). From the two qualitative reviews, it is evident that more research exploring other deployment stages (not just deployment only), the UK military culture, UK military partners, and a wider range of military partners, are neglected from the current research base.

However, it is not just deployment, but other various aspects of the deployment cycle that has been shown to create sustained stress for US partners: pre-deployment training and anticipation prior to the deployment, followed by strain and worry during deployment itself, and the associated impact on post-deployment reintegration (Westphal & Convoy, 2015). Similarly, the role of the military spouse was deemed crucial during deployment and for reintegration as being the influential family coordinator or gatekeepers for family member's emotional life and the family's adaptation and emotional life (O'Neal et al., 2018).

A large US quantitative longitudinal study explored mental health difficulties following deployment, when the serving person returned (Knobloch, Knobloch-Fedders, & Yorgason, 2018). The author's found military couples experienced greater difficulty with initial reintegration if either partner was experiencing more mental health symptoms, including 'depressive', 'anxiety' or 'posttraumatic stress' symptoms or had uncertainty about the reunion reintegration interference from a partner. However, the study began when the serving person returned home and did not capture data before or during deployment. As such, it is difficult to ascertain whether mental health symptoms were evident prior to deployment, or in fact, a normal human response to a very difficult and challenging time during deployment, later labelled "symptoms". Further, it appeared that symptom measures were only conducted once throughout the study and not repeated; therefore, it is difficult to ascertain a baseline to establish whether the symptoms were continuous or perhaps temporary effects of other

fleeting life events. Similarly, the researchers developed their own scales to measure reunion uncertainty and reintegration, which despite lacking any statistics on reliability and validity, appear to have been utilised well to capture the concept they were trying to measure. There was, however, one exception of an item in the reintegration interference which was difficult to understand how the item of “makes me wish we had more time to spend together” was linked to other items such as “makes me feel smothered” to infer reintegration difficulties. Despite this, the authors explored an unresearched area for military partners and made clinically relevant recommendations, including offering clinical services for stay at home military partners. Further, they recommended that clinical efforts may be more relevant four to five weeks after the reunion rather than straight after reunion or months later and that relationship support may help buffer military couples from the negative consequences of mental health symptoms after deployment (Knobloch et al., 2018, pp 760). It would be important to understand if UK military partners experience similar reintegration difficulties, making the clinical recommendations perhaps transferable to consider in this population.

In the UK, it is reported that the military aim for presentations and leaflets to be offered to families, on the serving persons return from deployment, to offer education about the possible after-effects of a deployment. These measures are implemented in an attempt to reduce mental health difficulties for the serving person and their families. In addition, welfare officers and other associated organisations are stated to provide information to families via email, support groups and regimental systems (Wood, 2018). However, dissatisfaction with most aspects of Service-provided support for military partners during deployment has increased since 2015 (MoD, 2019b). As far as is known, there is no specific research to date investigating the efficacy of these methods from a military partner perspective, and so the implementation and usefulness is unknown.

Existing resources and therapeutic interventions in UK predominantly address the needs of veterans, often neglecting the needs of their partners (Spencer-Harper & Murphy, 2019). There is some evidence for peer support groups for veteran partners, but the clinical severity of partners' mental health needs highlighted a need for more structured, tailored and evidence-based interventions (Murphy, Palmer & Busuttil, 2016). The rationale was discussed in relation to veteran partners but could be transferable to partners of currently serving personnel in UK, given the known high rates of mental health difficulties and distress that they experience, yet little is known to be provided for partners of currently serving military personnel. The charity 'Combat Stress' commissioned a pilot study aiming to support UK veteran partners who themselves had mental health difficulties or were considered at risk for developing mental health difficulties (Spencer-Harper & Murphy, 2019). Further, they were partners of veterans who were suffering post-traumatic stress disorder. Group members positively rated the programme for supporting partners to consider and take care of their own needs, develop coping strategies and learn ways to support the veteran. Further, significant improvements in the partners' rates of mental health, and relationship satisfaction were found. Participants thought that future programmes may benefit from involving the veteran as well as partners, either on an individual or group basis (Spencer-Harper & Murphy, 2019). As such, a more systemic family therapy approach, incorporating multiple members of the system may be beneficial. It is possible that such approaches could be applicable to currently serving personnel and their partners, though this would need to be explored by considering their deployment experiences and the impact on their health and wellbeing, which this research aims to explore.

There is a wealth of research into help seeking, treatment outcomes and perceptions of mental health from a veteran perspective in an attempt to encourage support seeking in military populations. Within military populations, the view of mental health was linked to

perceived weakness (Dingfelder, 2009), increasing stigma towards mental health difficulties and acting as a barrier to help seeking (Vogt, 2011; Murphy & Busuttil, 2014). Promisingly, in the UK, the use of mental health services by Armed Forces personnel is increasing (MoD, 2015), and so hopefully perhaps the culture is slowly shifting towards openness and seeking support.

Murphy, Palmer and Busuttil (2016) investigated the help seeking behaviours of female partners of veterans with post-traumatic stress disorder (PTSD). They found that partners experiencing mental health difficulties were more likely to endorse help seeking barriers connected to stigmatising beliefs (i.e. fearing others would not understand them; being worried what others would think of them) than those associated with practical issues (i.e. time available). Further, Murphy, Palmer, Hill, Ashwick and Busuttil (2017) identified themes of barriers to support within a similar sample. The studies by Murphy et al. (2016; 2017) had relatively small samples of female-only partners of help seeking veterans with PTSD, and consequently may not be transferable to other military partners, such as those currently serving.

Stigmatising beliefs have been explored in military personnel (Langston, et al., 2007), veterans and their partners (Murphy et al., 2016, 2017) but have been somewhat limited partners of currently serving personnel. One study found that some military partners expressed the view that they were not allowed to show their emotions but instead had to be stoic, strong and independent (Aducci, 2011), in line with favoured military values. As well as the potential impact on stigma and help-seeking, such views appeared to contribute to military partners feeling their deployment experience had gone unrecognised (Aducci, 2011). Research has suggested that regardless of cultural stoicism, spouses remaining behind during the serving person's deployment need help with new chores and responsibilities and that "there is a plea for concrete forms of help" (Lapp et al., 2010, pp61). A sense that health care

staff do not understand the military culture and therefore cannot help has been found to be another barrier to accessing healthcare services initially, but also may lead to individuals changing health care professionals or stopping attendance (Westphal & Convoy, 2015).

### ***Loneliness***

The UK tri-services families' continuous attitude survey (MoD, 2019b) included loneliness in their questions for the first time; Military spouses predominately felt occasionally or sometimes lonely (61%), and 17% often or always lonely.

There is a growing body of literature in relation to loneliness within society, particularly within older adult populations and the impact that loneliness can have on such individuals. Loneliness has been found to be linked to irritability and depression-type symptoms, yet even more concerning, loneliness has been associated with a 26% increase in the risk of premature mortality (Cacioppo & Cacioppo, 2018), demonstrating the frightening impact on an individual's physical and mental health. The authors also explored the concept of perceived loneliness and feelings of social isolation, even when amongst other people, as impacting on an individual's wellbeing. Despite such findings, loneliness has often been "stigmatised, trivialised or ignored" (Cacioppo & Cacioppo, 2018, pp 426). Loneliness within the military has not been explored in such depth but it could appear transferable or relating to aspects of the military, including deployment.

### **1.3 Deployment cycles**

Pincus, House, Christenson, and Adler (2001) developed an 'emotional cycle of deployment' describing the psychological impact and emotions experienced by military families at each stage. The authors proposed five distinct stages: *1) pre- deployment* (include anticipation of loss versus denial, the serving person training-up and working long hours away; getting affairs in order; mental and physical distance and arguments within the family);

2) *Deployment* (where family members experience mixed emotions, such as relief, feeling disoriented and/ or overwhelmed, numbness, sadness, feeling alone and may experience difficulty sleeping and perceived security issues); 3) *Sustainment* (new routines are established, family members find new sources of support and report feeling more in control with a sense of independence and confidence); 4) *Re-deployment* (1 month before the serving person is scheduled to return home, the family may experience anticipation of the homecoming, excitement, apprehension, a burst of energy, "nesting" or difficulty making decisions); 5) *Post-deployment* (the family may experience a honeymoon period, the serving person reintegrating into the family and family life, which may come with a loss of independence, a need for their "own" space and renegotiation of routines).

The emotional cycle of deployment is a helpful tool to understand the emotions of military families but it was devised through clinical observation by military psychiatrists, who "integrated their professional and personal experience into a cohesive story" (Pincus et al., 2001, pp15) and later adapted the deployment cycle based on informal feedback, not through a rigorous research process. In addition, the recommendations appear more like advice giving of 'pitfalls' and 'helpful hints' to the military families rather than grounded in clinical implications. More recently, Davis, Ward and Storm (2011) suggested that the emotional cycle of deployment was a largely linear model, where spouses may become "stuck" in a particular stage, or may progress steadily from each stage to the next, or can regress to a previous stage due to a challenge or crisis. Davis et al., (2011) further stated "Originally based on a deployment of approximately 6 months, it has been assumed that the model would apply equally well to longer deployments, peacetime and wartime deployments, and repeated deployments" (pp 52), though it remains unclear what this assumption is based upon.

Vincenzen, Haddock and Hickman (2014) later summarised literature regarding separation anxiety and attachment as applying to the military deployment cycle. Separation anxiety was not specifically defined but was described by the authors as protest, despair and denial or detachment when separated from a loved one, which were utilised as the basis of Vincenzen et al's., (2014) three stage deployment cycle. It is important to note that this was not the basis of their research, but rather a summary within the literature review in which they categorised responses into groups. They described pre-deployment as the protest phase, where wives feel numb, angry and abandoned due to an upcoming or current separation from their husbands and may feel sadness, loneliness and anxiety. The second phase of despair was conceptualised as when wives may often go through similar stages of grief, mourning or denial, which may later turn to depression and withdrawal as time goes on. The authors stated that the final phase, denial or detachment, could occur during the deployment or post-deployment phase. Vincenzen et al., (2014) described this as a combination of anxiety and excitement, attempts to regain physical and emotional connection but considers it also a stressful time with difficulties in communication and re-establishing routines. Despite the proposed deployment cycle within the literature review, the authors did not return to this within their study aims, methodology, results nor discussion. Vincenzen et al.'s (2014) study, of a relatively small sample for quantitative research, utilised the Depression Anxiety Stress Scale-21 (Henry & Crawford, 2005) to measure military wives' distress and applied results to attachment styles and separation anxiety, without specific measures of these constructs, to conclude military wives experienced characteristics of separation anxiety through the stages of deployment. Given such methodological limitations within the research relating to deployment cycles, rendering them largely inapplicable, there remains a need to greater understand the emotional and psychological health impacts experienced by military partners in relation to deployment and the different stages.



Recently, the deployment cycle has been considered in relation to military partners with children, for considerations of co-parenting across the deployment cycle (DeVoe et al., 2019). The authors discussed the impacts of the notification of deployment and goodbye, prior to deployment, the transitions from or to co-parenting across each stage of deployment, and re-entry and renegotiation post deployment, which consists of redistributing roles, the pacing of the service member into family roles and concerns relating to the serving persons distress.

#### **1.4 Cultural psychology, values and the military**

Cultural psychology is a theory that complements other approaches by being a lens through which people and their experiences can be understood (Willig & Rogers, 2017), rather a standalone approach. Cultural psychology aims to promote social justice through the increased inclusion of cultures and marginalised or under-valued groups. As such, principles of cultural psychology were utilised within the current research to understand military partners' experiences.

A key viewpoint of cultural psychology is the notion that individuals exist within a shared context, with significant differences amongst cultures and contexts, including language, expectations of behaviour, values, and psychological processes (Heine, 2016). As such, diverse interpretations, both explicit and implicit, are found within different cultures which influence an individual's view of the world and their thoughts, emotional responses, and behaviours. Military culture may not be homogenous (Finlan, 2013) given the different branches, specialisms and procedures, though there are common factors. The military culture and values are embedded from initial training and recruitment (Cooper, et al., 2016) to be able to effectively undertake challenging tasks whilst under pressure and potentially life-threatening situations (Wood, 2018). As such, the values promoted within the military culture are considered essential to survival.

There are military culture core values encouraged by all branches of the UK military; extracts have been taken from the Army leadership code (British Army, 2016), The Royal Navy Ethos, values and standards (2016), and the Royal Air Force ethos, core values and standards (all cited in Wood, 2018).

- **Courage:** A need for physical courage, to carry on with tasks regardless of danger and discomfort, required to risk life, take life, show restraint, endure hardships, and focus on the task. Moral courage is a conviction to do what is right, even though it may be dangerous with high personal cost.
- **Discipline:** Is considered the primary antidote to fear, to be able to cope with difficult, individual decisions which serving personnel will be expected to make. Discipline is promoted to earn the trust and respect of others and is then in turn supported by team loyalty and trust. Discipline is thought to maintain operational effectiveness.
- **Respect:** Respect for the military and self, to have high personal standards of behaviour and a sense of pride. Respect for others both inside and outside of the organisation as a legal obligation but also a fundamental principle of freedom that society enjoys. Further, a consideration that they will sometimes have to live and work under extremely difficult conditions.
- **Integrity:** An individual's character which encompasses honesty, sincerity, and reliability, which develops trust amongst individuals and welds them into robust and effective teams. Any damage to trust can create tension within teams and reduce its effectiveness.
- **Loyalty:** The idea that 'the nation', military service and those serving with, rely on the serving persons commitments, dedication and support, but that loyalty is also earned through commitment, self-sacrifice, example, and courage. Must be loyal to their

leaders, the military, the team and do their duty. Also loyal to those they lead fairly.

Loyalty creates cohesive teams that can achieve far more than the sum of their parts.

- Selfless commitment: The foundation of the military service; “service before self”. An expectation to serve where and when is required and do the very best at all times. Serving personnel may be required to give their lives for their country.

The military culture also values psychological resilience, when faced with adversity, and promotes strength, bravery, emotional control (Cole, 2014) whilst discouraging overt displays of emotions (Wessely, 2006), creating a fear of appearing weak. Cultural interpretations or ‘sets of guidelines’ can then be carried forward to the next generation (Willig & Rogers, 2017). For example, mental health and wellbeing can be viewed very differently across cultures, meaning that the understanding and intervention options should be adapted across cultures.

Eubanks (2013) highlighted the importance of military core values within the roles and life of military spouses within the US. The author suggested that the US military encourages spouses to demonstrate honour through supporting the service member ‘whenever duty calls’ (pp97), being a respectable military role model and maintaining a sense of pride for the military and their country. Further, it was stated that the role of the military spouse within the family was to remain strong and courageous to handle the demands and that spouses ‘must commit to the demands of the military lifestyle and learn to adapt’ (pp97). Such sentiments appear problematic from a feminist perspective, given the emphasis on partners needing to be married, have a family and expected to commit to not only the serving person, but the military in addition. Eubanks (2013) provides an overview of literature documenting the expectations and interactions between military values and culture with military spouses, yet it does not share views or experiences of military partners and thus

should be taken with caution, requiring further research into the utility of cultural values within this population.

An individual's culture comprise of a synthesis of their professional and organisational boundaries which then influences their social identity (Redmond et al., 2015). Further, the military can be considered not only a profession but a lifestyle (Wood, 2018), where the military extends into the personal, non-professional, life of serving personnel, impacting on their everyday life and that of partners and children (Cole, 2014). Additionally, military values can become a permanent part of identity and worldview for some serving personnel (Westphal & Convoy, 2015), making it impossible to separate from homelife. In addition, the military culture promotes that core values should always be displayed, whether that is during deployment, on duty elsewhere or within their personal lives (Wood, 2018), undoubtedly impacting on military partners. This indicates an overlapping interaction between the culture, and the values of the culture and the individual within it. It is also thought that both individual characteristics and the military structure itself contribute to the military culture; for example, those whose military and personal lives greatly overlap are likely to prioritise the military and its values compared to those whose attention may be focused outside of the military (Redmond et al., 2015), further supporting the notion that individual values and the culture, encompassing collective values, can influence one another, whether in a complementary or conflicting manner. For successful transition or integration, a positive attitude towards the culture is needed and it has been found to be easier if the cultures are somewhat similar (Heine, 2016). A transition or integration into another culture can also be described as acculturation, with three proposed steps within the acculturation curve: the 'honeymoon' phase, 'culture shock' and 'adjustment' (Heine, 2016). As expected, the honeymoon phase defined a period of positivity, enjoyment of new experiences, and travelling to a new environment. However, at some point the period ends, and culture shock

occurs, where individuals may experience feelings of crisis, anxiety, helplessness, and irritability due to difficulty understanding the new culture, and a sense of homesickness. At this point some may chose to leave the current environment, or some may continue. Those who continue were proposed to enter the phase of adjustment; language skills developed, created new social relationships, and increased functioning in the new culture. It is implied that if each stage is not achieved, then acculturation would not be successful, and people may experience greater difficulties (Heine, 2016). However, the linear approach to transition seems reductionist, accounting for limited individual differences and context which appears at odds with a cultural psychology perspective, which typically subscribes to a social constructionist epistemological standpoint. Despite this, the application of the acculturation curve could be useful in understanding why some individuals may transition to a different culture, more effectively than others.

Heine (2016) proposes that individuals who transition more easily, effectively and with less distress, may come from cultures which are somewhat similar, have personalities or individual traits which fit well and a positive attitude towards the transitioning culture. Although this model of cultural transition was initially developed to describe the experience of migrants, it could apply to other populations. As such, the principles of cultural psychology are considered in the current research, to explore the military institution and its impact on military partners and deployment, from a cultural psychology perspective.

Difficulties can arise for those who may be partly immersed within a culture, as with reservists who can find integration into military culture difficult (Dandeker et al., 2010). It is thought that some partners may have their own experiences of serving, or being a part of a military family, but some may not and as such they may be attempting to integrate or partly immerse into a different culture or live within the military culture alongside their own. Though this would need to be explored within research to gain an understanding of military

partners' experiences. Such culture clashes can occur between the military culture and a civilian, non-military culture. The military values, expectations and lifestyle may clash with family life, particularly the notions that the military needs should be prioritised above all else. These expectations of selfless commitment and loyalty may cause difficulties within family life for the serving person, particularly during deployment. The absence of a parent or family member can be noticeable during deployment, particularly given generational changes whereby both parents are more likely to be involved in raising children and contributing to families and households (Greene, et al., 2010). Considering the change of roles within the family in recent generations, some research suggests military personnel want a better balance between military demands and family time (Wong, 2000), which may create more difficulties in managing multiple competing demands and increasing the sense of culture clashes. Similarly, serving personnel, when returning from deployment to their personal lives, may experience adjustment or behavioural difficulties (Greene et al., 2010). Culture clashes have been considered in relation to veterans and their transition into civilian culture which can create difficulties for a number of reasons, including adapting to different values or finding different ways of living in line with those values, and loss of belonging and status (Bergmann & Renshaw, 2014). However, little is known about the experiences of military partners and the impact military culture may have, and as such is an aim of the current research.

The military culture has its own unique language overarching all aspects of military, with each military branch having its own set of terms and acronyms relating to the job title, position, location, services, time and resources for the military service members and their families (Cole, 2014). Thus, there may be sub-cultural differences amongst the military and military families. Some phrases may have different connotations within the military culture, for example, receiving a “knock at the door” is commonly used within the military for when partners and families are informed of the serving person’s death or serious injury by a visit

from a military employee (Hyde, 2016). As such, military personnel and their families have a shared language for the fear of the serving person's death, without having to explicitly state it.

Hierarchy is also an important feature of the military culture (Cole, 2014), demanding loyalty and commitment to the military generally, as well as higher ranking personnel and their team, above all else. Further, the rigid expectation that unconditional respect and compliance will be shown to higher ranking personnel, can impact on the esteem, and sense of approval of all involved (Martins & Lopes, 2012), giving a sense of authority, purpose and prestige amongst its personnel (Wood, 2018). The hierarchical structures, associated expectations and sense of identity may be also mirrored within the serving person's personal life, impacting on or influencing partners or families. Some families may absorb the sense of identity, based on rank and hierarchy, and be expected to conform and act accordingly within military communities (Drummet, Coleman & Cable, 2003).

Given that the military culture is an under-researched area from the perspective of UK military partners, the current research aimed to explore experiences of the institution as a whole, rather than separating into the individual branches. There are undoubtedly some limitations to this method; it would be reasonable to assume there would be differences amongst each military branch, and thus partners' experiences, given differing job roles, variations regarding deployment, potential cultural differences and nuances stemming from social identity. Further, Redmond et al., (2015) suggested diversity and difference occurs between individual experiences, and so even if each branch was to be explored independently, individual differences may still occur. One strength of viewing the military as single population is the shared, overlapping and congruent values within each branch, highlighting shared commonality which may provide some shared experiences amongst military partners and recommendations from the research. Further, the Ministry of Defence

(i.e. 2019a; 2019b) collect data from all branches, which in turn informs the Armed Forces Covenant and other government and military policies, as a whole institution. Deployment is common in all branches of the military, meaning that most military partners may experience deployment separation (Chambers, 2009). In addition, the time period for data collection and the inclusion criteria meant that two of the biggest deployments in recent times would be captured, to Iraq and to Afghanistan (Bennett, 2017), where multiple branches of the military were deployed and thus partners remaining at home may share deployment experiences, regardless of military branch. As such, it is considered a strength of the current research to collect data from all branches of the military whilst acknowledging potential limitations.

### **1.5 Feminist theory and links with military research**

Given the predominance of women partners, feminist theories were considered within the research. Feminist psychology attempts to enhance women's voice and influence in society, and to explore alternative ways of understanding the world through their experiences (Baker, 2006). This view is very similar to that of cultural psychology, as both appear to complement one another within research particularly that aligned with a social constructionist view.

To date, only a small number of UK studies have considered military research from a feminist perspective. Consequently, there remains a great need for continued exploration. Basham and Catignani (2018) argued that the contributions and labour provided by female partners of UK military reservists enabled the military to engage in their activities, but also more widely, allowed the British state to prepare for and wage war by maintaining its forces. Further, the authors stated that the military's 'reliance on traditional gendered divisions of labor(sic) are also echoed in wider society' (Basham & Catignani, 2018, pp159), highlighting potential difficulties within the military culture and the wider UK culture in regard to the roles and expectations of women.



To provide more context to Hyde's (2016) research, it was based on ethnographic research among women married to servicemen, living in a garrison town in Germany during the deployment of women's husbands to Afghanistan. Enloe (2014) recounted a summary of women's experiences of the military base throughout history, whether that is in the home country or in military bases abroad, using case studies to illustrate the narrative. Enloe (2014) described many seemingly positive aspects of being a military wife, including a sense of (political) purpose, community, security and comfort from living on base, but contrasted this with the 'price to paid of adherence to the military's gendered presumptions about proper femininity, good marriages and ranked propriety' (pp 144). To achieve the status of a good or ideal military partner meant sacrificing their own career and aspirations and become a valued and contributing members of the military community. The expectation of giving up their own employment and goals may be perceived as demonstrating gender inequality; however, it is important to exercise caution with such views as many women (military partners or otherwise) may view their roles or identity differently.

Feminism incorporates different meaning for different people; contemporary feminism is considered to encompass freedom of choice and equality in the context of gender differences (Swirsky & Angelone, 2016). As such, feminism may represent a variety of lifestyle choices for women, whether that be for equal opportunities for a career outside of the home or the choice for involvement in traditional gender roles. Similarly, some people would consider feminism as desiring equality whilst embracing differences between men and women (Swirsky & Angelone, 2016). As there are different expressions of feminism and associated views of equality and roles, it highlights the need for further research to explore military partners' views on such topics.

Psychoanalytic feminism seeks to understand the development of 'psychic lives' in order to understand and eliminate women's oppression (Wolff, 2009). One branch of

psychoanalytic feminism aims to explore the macro-level process of masculinity and femininity within society and societal institutions that allow the continuation of patriarchy which serves to dominate and oppress women. As the military is a large institution within society, it would be important to explore the perceptions of gender and potential oppression within the military.

## **1.6 Theories of social identity**

One assumption of social identity theory is the interpersonal-intergroup continuum (Tajfel, 1978) whereby individuals see themselves and thus act as an individual, but on other occasions as a member of a group. Social identity theory (Tajfel, 1974; 1978) suggests that the social identities within a group have cognitive, emotional, and behavioural consequences when identities become engaged. For example, a sense of pride and self-esteem can occur when the group membership provides a positive social identity and belonging in the world. Other theorists suggest group membership may be driven by the desire to reduce uncertainty about the social world or achieve outcomes that they could not alone (as summarised in Brown, 2020). Building on the initial assumptions of social identity theory, Mackie and Smith (2015) expanded the principles to develop ‘intergroup emotions theory’ which considers the range of emotions experienced by the group within different contexts. The author’s proposed that when confronted by a more powerful ‘out’ group, the group is likely to feel fear and thus avoid or withdraw. In contrast, if they perceive that it is a weaker ‘out’ group attempting to challenge them, it is theorised that individuals would feel anger, leading to confrontation or aggression. If a subordinate group appears to endorse moral values different to the ‘in’ group, members may feel disgust and attempt to place the ‘out’ group at a distance. Finally, was suggested that if they perceive the ‘in’ group has behaved immorally or enjoys illegitimate privilege, they may feel guilt or shame.

The intergroup emotions theory goes further to consider different emotional responses within different contexts for the group, but it still proposes a limited set of expected responses for groups that may not be relevant for all groups, or each individual within a group. Further, such responses rely on a group members' subjective perception, which may create a range of responses amongst group members, and therefore likely to generate a wider range of conflicting responses.

The notion of developing an identity with the 'in' group, to compare to another 'out' group, can be challenging when people may have multiple identities across multiple groups and contexts. This idea may be a criticism of the over-simplification of the theory, or an underestimation of the complexity of individuals. However, the theory may be useful to consider how people form groups, their perception of the identity within them or about other groups, and how these views and behaviours can improve wellbeing or contribute to distress.

Considering social identity, studies have found that group identity can have positive effects on resilience to cope with challenges, increased social support and belonging (Brown, 2020) and promoting loyalty and commitment to organisations that embody the identity (Ashford & Mael, 1989). Interestingly, these positive effects on wellbeing appear very similar to the values outlined by the military, promoting group cohesion, shared identity and belonging, leading to increased loyalty and commitment to each other, and the military as a whole.

Within research, like cultural psychology, social identity theory may be better thought of as a different lens in which to view people and their experiences. As with cultural psychology, it is also important to remember individual differences, experiences, and viewpoints amongst group members, which may not always be captured within social identity theory.

## **1.7 Structural family theory**

Structural family therapy, based on family systems theory suggests that family members can be influenced by inner pressures, from developmental changes in the systems own members, and outer pressures from demands of significant social institutions which may impact on the family (Vetere, 2001). As well as previously discussed military values, hierarchical power structures are considered rigid and important within military culture (Cole, 2014) and may be mirrored within the family system (Hall, 2008). Thus, power and hierarchy dynamics within the home should be considered, as an imbalance has been associated with distress and problems within families. Historically, structural family theory was critiqued by feminist theorists for failing to address power dynamics within couple relationships (Hare Mustin, 1987), as the emphasis remained on inter-generational power. Since then, systemic family therapists have considered power within the system more widely, considering imbalances and inequalities within the couple system as being representative of wider distress within the system (Vetere & Cooper, 2000). Readdressing power imbalances and perceived inequalities within the couple relationship may allow freedom of choice, empowerment and give voice to both people in the relationship. As such, structural family theory may be considered more aligned with feminist perspectives and thus considered an appropriate theoretical lens through which to view the research.

Within families, subsystems occur between individuals, (temporarily or more permanently), in which individuals may have differing roles and power (Minuchin, 1974). Roles and positions may alter when changes occur in group structures and individual subgroups, in turn changing an individual's experience and leading to a potential for increased or decreased distress. There are varying definitions of subgroups throughout systemic theory, but Minuchin (1974) proposed that the basic human group is three, not two, whereby the third person may be absent geographically or through death but influences the

remaining two members of the subsystem. This notion may apply to military families; it is possible that the serving person, though absent, may still influence the remaining family system at home, requiring further explanation from the military partner's perspective.

The nature of deployment means that the family's systems and subsystems will be constantly changing, for example, a couple subsystem will change when they are separated, and then will change again when the subsystem is reunited. Distress, problems, and 'symptomatic' behaviour have been found to be frequently associated with periods of change, usually depending on the meaning of such change to family members (Vetere & Dallos, 2003). In addition, military culture encourages close reliance on fellow military comrades, when deployed and otherwise (Gould, 2006), creating a strong subsystem within another unit. The strong military subsystem was promoted to enhance the physical safety and psychological needs of the serving person, though it can be a hindrance when the serving person returns to the family unit and those within the system cannot provide the same support required (Greenberg, 2007).

From a family systems perspective, distress is considered as interpersonal, not intrapersonal, and attributed the difficulties within the system and subsystems to environmental and developmental change (Vetere, 2001). As such, the structures and methods of coping with change within military families, as with any other family, would be important to consider in relation to distress, possibly helping to understand how some families appear to cope whilst others experience distress. Further, effective use of communication between members of the system is considered key in elevating distress; one method would be altering unhelpful communication patterns within therapy. As such, it is possible that effective communication between members of the system and subsystem could be effective proactively, particularly at times of change. Overall, within structural family therapy, there is an assumption that skills and solutions are found within the system, by

applying existing skills to new changes, or by drawing on creative and less known interpersonal and intrapersonal resources (Vetere, 2001). When faced with deployment, families who engaged and activated their resources and adaptive behaviours were more likely to demonstrate resilience (O’Neal, et al., 2018), further supporting ideas from structural family theory (i.e. Minuchin, 1974) that individuals who are able to use their existing resources and adapt to changes within the system are less likely to experience distress.

Family therapy, specifically community family therapy has been proposed as a potential intervention for US military families with experience of deployments to Iraq or Afghanistan (Hollingsworth, 2011). In the proposal, community family therapy was considered “a vigorous collaborator with multiple systems, including families, citizen groups, professional groups, and community-based services” (Doherty & Beaton, 2000, pp 154). It was thought that there would be benefits of applying a community family therapy model to promote health and wellbeing, outside of the therapy room through the development of connections amongst therapists, military families, and others in the community (Hollingsworth, 2011). The article highlighted the plausible utility of systemic principles in a community setting for military families. However, further research would be needed to firstly understand if there is a need for such interventions, from partners’ perspectives, and if so, to then explore the effectiveness, accessibility, or perceived helpfulness of such interventions.

## **1.8 Social power**

French and Raven (1959) described several other types of social power, in addition to informational power described in the journal: referent power (an identification with a group or other and acting to maintain the relationship), expert power, reward power, coercive power (an expectation to conform for fear of negative consequences), and legitimate power (socially prescribed behaviour and group norms).

Power may be relevant when considering a large institution such as the military. Further, the military promotes values, already discussed, such as disciplines, respect, loyalty, and selfless commitment, which may lend itself to aspects of power. As evidence indicated that the military values may be difficult to separate from homelife, and thus likely to impact on the serving person's personal life, it would be useful to explore the positioning and utility of power on military partners and the serving person, and the family or couple system relative to the military more generally.

Referent power was based upon identification, or 'feeling of oneness' with another, creating a desire to join the group or want to maintain the relationship with the other. The authors proposed that the greater the attraction, the greater the identification, and consequently the greater the referent power. In some ways, referent power is evident in social identity theory (Tajfel, 1974; 1978) and the desire to remain as part of a shared identity. This could be common in military population given the promoted values of commitment and loyalty to one another.

Expert power was suggested to occur when one individual perceives another to have knowledge or skills needed, and usually requires a trust that the individual with the knowledge is truthful. Expert power may utilise informational power; a consideration of who gains access to information and how information is used and shared. Reward power, as it implies, is based upon one individual having the power to give something positive in return for a desired behaviour. Coercive power is similar but works on the bases that there is an expectation of punishment or a negative outcome if an individual does not conform or adhere to a desired behaviour. Expert, reward, or coercive power may be found within the military cultural, given the hierarchical structures implemented.

Legitimate power was considered the most complex by French and Raven (1959) encompassing ideas from group norms, structural sociology, and role-oriented ideas. As such, it lends itself to similar ideologies as structural family theory and the consideration of roles and expectations within relational dynamics. The author's suggested that legitimate power was the idea of socially prescribed behaviours, and focused on three subtypes of group norms: universality (for everyone in the culture); alternatives (individuals having a choice whether to accept the group norms); and specialities (specific to certain positions within the culture of group). The author's suggested that legitimate power can be noted in feelings of "oughtness", based on codes, standards, or an ethical sense of what should be done, what is right and wrong. As such, cultural values and expectations would be considered legitimate power, along with structural family theory ideas about acceptable social structures and roles. Therefore, cultural, feminist, social identity and structural family theories connect to the role of power within relational dynamics, and it would be important to explore the role of power within military populations, through the understanding and influences of cultural values, cultural and familial identities, and associated roles on members of the military lifestyle, including military partners.

## **1.9 Theories of stress and coping**

Transactional models of stress consider the interaction between the individual and their environment but also provide an additional focus on the underlying psychological and physiological mechanisms which underpin the overall process. Further, transactional models attempt to understand what causes the experience of stress, how individuals may react and attempt to cope with stress, and the effects on an individual's wellbeing and behaviour.

Lazarus and Folkman's (1984) theory of stress appraisal was based on the same assumptions; they believed that individuals make a primary appraisal of the situation or event to consider whether it is a threat. If no threat is perceived then the result is no stress, yet if the



individual perceived a threat in the situation or event, they would make a second appraisal based on their perceived ability to cope. Individuals who perceive they have an inability to cope would result in a negative stress experience, whereas those who have the perception that they are able to cope with the threat would experience positive stress. The dynamic and interactional nature of transactional models means that they can be applicable to understanding a wide range of contexts, environments, and individuals, including the military. Though this may also be considered a limitation as the application of the somewhat simplistic model could reduce all experiences to the specific trajectories of stress.

Overall, the transaction approach to stress would suggest that stress occurs when the perceived demands outweigh the perceived capability, skills, and resources of the individual (Cox & MacKay, 1976). As an appraisal model, users could assume that the resulting state, (i.e. distress), is generated, maintained and has the potential to be altered by an individual's appraisal (Khrono, 2002). However, this view of problems being located, and thus the emphasis for change being located within the individual, has been highly criticised by systemic theorists (i.e. Vetere & Cooper, 2000), and those viewing the world and experience through a cultural (i.e. Willig & Rogers, 2011) and feminist (i.e. Baker, 2006) lens. The theory of stress appraisal could still be a useful way of viewing military partners' experiences, whilst being mindful of the environmental interaction and the potential for change to be considered from an environmental or systemic perspective.

Lazarus and Folkman (1984) defined coping as “constantly changing cognitive and behavioural efforts to manage specific external and/ or internal demands that are appraised as taxing or exceeding the resources of the person” (pp 141), differentiating coping efforts with to automatic responses. This psychological theory of coping suggests two main functions of coping to manage stress: practical or problem focused and emotional focused.

Emotion focused forms of coping aim to regulate the emotional responses to the problem; one way to do so is through cognitive reappraisals, which aim to change the meaning of the events. Other methods of emotion focused coping, such as avoidance or distraction, do not change the meaning of the event directly (Lazarus & Folkman, 1984). Emotion focused strategies can be useful to maintain hope and optimism but can also have negative effects of refusing to acknowledge the threat or continuing behaviour as if the threat was absent and unimportant. People who use avoidance as a way of coping with stressful experiences, (for example denial) tend to experience greater emotional ease on the first occasion but will continue to experience further vulnerability in the future (Lazarus & Folkman, 1984), thus not learning to cope effectively with the distress and creating longer term difficulties. Learning and coping may be achieved by experiencing disconfirmatory-evidence and alternative experiences, which will not be sought or engaged in whilst avoiding the stressful experience. Denial or avoidance may be considered ineffective if it prevents individuals from engaging in appropriate problem-focused coping such as seeking medical attention, which could also be applied to coping with mental health and distress.

The second form of coping was problem focused, aimed at managing or altering the issues with the environment causing the stressful or distressing experience. Strategies included defining the problem, generating alternative solutions, weighing up options and acting upon those options. Problem focused strategies can also be directed inwards, towards the individual, to consider motivational or cognitive changes such as developing new standards of behaviour or learning new skills or procedures (Lazarus & Folkman, 1984). However, these approaches to coping would need to be taken with caution, as the generalisation may not be relatable to all individuals, their circumstances and the wider system. Similarly, individuals may fluctuate between the two coping styles, or other methods of coping that may not fit within two strict categories. Further, it is important to acknowledge

that though the model remains widely used, it is potentially outdated as modern context, cultures and systemic influences may have now changed. In addition, the application of the model to a specific culture, the military, should be considered carefully as it has not been applied nor validated.

To perceive an ability to cope with an apparent threat, an individual was considered to need coping resources, such as health and energy, positive beliefs, problem-solving skills, social skills, social support, and material resources. A review of coping literature found that utilising coping strategies such as positive reappraisal, problem-focused coping, and thinking about ordinary events positively, can generate and maintain positive emotions (Folkman & Moskowitz, 2000). In contrast, some factors were deemed coping constraints, and were hypothesised to hinder the use of coping resources during times of perceived threat. Coping constraints consisted of personal constraints (such as cultural values and beliefs, and ‘psychological deficits’), environmental constraints, and the level of threat (Lazarus & Folkman, 1984). Though it is important to acknowledge the subjective nature of coping resources and coping constraints, as, for example, a cultural value may be considered a constraint by one person but may act as an additional resource for another. In line with the epistemology of the research and shared view of key theories, it is useful to consider the influence of the wider system and environment on an individual’s experience. As such, it would be important to understand the influence of the military, as a culture with its own beliefs, norms, and rules, upon the perceived coping by military partners. Further, it would be useful to consider military partners’ coping resources generally, and specifically relating to the level of threat perceived by military partners in relation to deployment.

Despite the stress appraisal and coping theory being widely utilised and applied for many years, it is believed that there remains limited understanding of how coping interacts with psychological, physiological and behavioural outcomes in the shorter and longer term

(Folkman & Moskowitz, 2004). Thus, the theory could be applied, yet considered with caution.

The concept of resilience has also been found to be key to stress and coping, generally. There are multiple definitions of resilience, but within the context of military research, resilience has been defined as “a balance of risk and protective factors operating at individual and family levels, allowing a family to maintain positive functioning in the face of adversity” (Sullivan, Hawkins, Gilreath & Castro, 2020, pp2). Further, resilience can be conceptualised as having the courage to face current obstacles or adversities and becoming strengthened through adversity (Hawkins, 2016), which seems particularly relevant to military partners given the promotion of courage as a military value. Therefore, it would be important to explore military partners’ experiences, from their own perspective, to further understand coping and resilience. A greater understanding of whether military partners feel they are strengthened through adversity, and if so, how this process occurs, may provide an understanding of how military partners may cope and manage wellbeing. Further, it would be useful to explore whether military partners are able to maintain positive functioning and what resources are needed to do so, to contribute to understanding of their wellbeing and thus support that may be required.

### ***Anticipatory anxiety***

Anticipatory anxiety describes when “uncertainty about a possible future threat disrupts our ability to avoid it or to mitigate its negative impact, and thus results in anxiety” (Grupe & Nitschke, 2013, pp 488). It was proposed that uncertainty, rather than unpredictability, encompasses the idiosyncratic and subjective aspects of an individual’s internal state and so more commonly used within research regarding anxiety. Anticipatory anxiety, similar to stress appraisal theory (Lazarus & Folkman, 1984) may be more likely to occur if an individual perceived the threat, and its cost and probability, as greater or inflated,

and if they perceive their ability to cope with the threat as lessened or reduced. Further, increased attending to threat related aspects, a heightened reactivity to threat (or threat uncertainty) and avoidance are also considered unhelpful responses to coping with perceived threats (Grupe & Nitschke, 2013).

### **1.10 Military partners' coping**

There appears to be a reciprocal relationship between communication and mental health, as US military spouses who reported more depressive symptomology prior to deployment were more likely to manage a restrictive boundary of communication, meaning that they minimised their own and the military person's concerns during deployment in an attempt to cope (Marini et al., 2019). Military partners protected the serving person by minimising their own concerns if they perceived a greater risk in the form of higher exposure to combat (Marini et al., 2019) and engaged in protective buffering, whereby they withheld information or concerns to protect the serving person. Feeling a sense of duty not to distract the serving person was often affirmed by friends, family and the military community (Cafferky, 2014). Protective buffering may appear a useful and expected way of coping, yet it was associated with higher psychological distress and lower marital satisfaction for both US serving members and their partners (Carter, et al., 2019). Marini et al., (2019) found that US spouses who experience or report depression type symptoms and maintain a restrictive boundary with the serving person during deployment, were more likely to become withdrawn from the serving person and more likely to engage in negative support behaviours. As such, the styles of coping and the types of support behaviours may then perpetuate or maintain depression like symptoms, creating a negative cycle of low mood and poor coping.

In the UK, military partners were found to have higher risk of depression and hazardous alcohol consumption compared to the general population (Gribble, et al., 2018b), suggesting a tendency towards emotion focused coping styles, contrasting US studies which

found deployment was not a risk factor for the levels of drinking or smoking that partners engaged in (Kulak, et al., 2019; Trone et al., 2018). Frequent communication between a spouse and serving person has been found to reduce the impact and feelings associated with loss, during deployment, and were suggested to influence positive reintegration experiences when the serving person returned home (O'Neal, et al., 2018).

Employment could be considered a useful coping resource, with female military spouses in UK reporting benefits for gaining an independent identity, promoting social connectedness with colleagues, and achieving a sense of self-confidence and value, but feeling they may have had limited autonomy over employment decisions (Gribble, Goodwin, Oram & Fear, 2019). Despite this, in a recent service families attitude survey (MoD, 2019b), more UK military spouses felt negative about the effect of military life on their career (57%) and the amount of separation from their partner (55%) than any other aspects of military life.

An important coping skill amongst military partners was a positive attitude toward the military (Davis, et al., 2011), with evidence that some military partners gain self-confidence, self-esteem, and a sense of pride in their own coping, achievements and overcoming challenges (Davis, et al., 2011; Ramey, 2015). Further, maintaining a sense of pride has been found to be a contributing factor to ongoing resilience in overcoming the challenges of military life and deployment (Hawkins, 2016).

### **1.11 Clinical relevance and extended rationale**

Cultural and feminist psychologies aim to understand marginalised or under-researched groups, creating an inclusion within wider society. From cultural and feminist perspectives, the military is a relatively under investigated culture requiring conceptualisation of military partners' experiences and enhance the voice of a somewhat neglected population.

From a feminist perspective, Aducci (2011) advocated for:

*Research that helps to further capture military wives' deployment will be important for moving their experience away from one that is disenfranchised to one that is openly and publicly acknowledged. Research on military couples and wives needs to shift from deficit-based to strength- and resiliency-based studies. This shift can serve to empower military couples as a whole. Such research would also help to inform clinicians as to how military couples, and wives in particular, are able to persevere during times of deployment and inform clinical work (pp246-247).*

Understanding how military culture and policies may influence mental health behaviours, help-seeking, and therapeutic relationships is important to clinical practice in a wide range of settings (Westphal & Convoy, 2015). Further, formulation is considered a core competency for Clinical Psychologists, which must conceptualise and be inclusive of a wide range of interpersonal, biological, social and cultural factors, according to the Division of Clinical Psychology guidelines for psychological formulation (British Psychological Society, 2011).

As little is known about UK military partner's experiences within the military culture, particularly regarding deployment, it can be difficult for healthcare professionals to develop competency about this aspect of military culture unless they have direct experience themselves. Increasing the knowledge of military culture and the experiences of a currently unrepresented group of individuals may help military partners feel more understood, thus impacting on sense of wellbeing and coping. Further, understanding ways of coping with deployment, from a military partner's perspective may give rise to ideas on how military partners view, gain and maintain wellbeing throughout the deployment cycle.

From the predominately quantitative, or US based studies discussed, there appear to be high proportions of mental health difficulties and social isolation amongst military

partners. However, qualitative research is focused on the meaning that individuals make of the world generally, and certain experiences specifically, to understand more about individuals' experiences and how they manage them (Willig, 2008). Therefore, in conjunction with other rationales provided, qualitative research appears the most appropriate methodological choice for this study.

Research to date has predominately focused on military partners' experiences of the during deployment stage, with limited qualitative research in the UK. There appears to be a research gap regarding UK military partners (not only spouses) experiences at all stages of deployment: pre, during and post deployment. The deployment cycles currently available within the research literature were considered to have methodologically challenges and therefore may be considered inapplicable within the current context.

### **Extended Aims**

The research aims to use the findings to disseminate knowledge regarding experiences of partners of currently serving military personnel, by adding to the limited research base, providing information to organisations and associations that have expressed an interest, and to encourage further research with the military partner population.

By offering alternative perspectives, this research aims to explore alternative ways of understanding the world of military partners through a wider range of experiences (in line with cultural and feminist psychological perspectives). Further, the research aims to generate recommendations or propose opportunities for support for military partners based on their experiences and views.



## **Extended Method**

### **2.1 Sampling and data**

In addition to the inclusion criteria described in the Journal paper, the following were also used to collect data in the original study (Bennett, 2017):

- The term ‘partners’ included married husbands and wives, civil partnerships and non-married girlfriends and boyfriends of any relationship length. Ex-partners were also included because participants may have been in a relationship with a partner on deployment in the past five years, but at the time of completing the survey the relationship may have ended.
- Temporary deployment is defined as any period of duty away from the permanent duty unit with the intent of being less than 183 days (those longer than 183 days were still included if it was an unplanned/unexpected extension).
- Participants not serving in the British Armed Forces. Prospective participants who were serving in the military themselves were excluded due to the increased likelihood of socialisation to the military lifestyle and deployment, compared to their civilian counterparts.
- Participants aged 16 or over, due to consent
- Participants who could read and understand written English

Data were collected via open ended questions on an online survey. Participants completed a self-report online survey between May 2016 and September 2016. Participants were mainly recruited through social media (i.e. Facebook and Twitter) with advertisements on Facebook support groups specifically for partners of British Armed Forces personnel and advertisement through military partner organisations, charities and agencies. The result of such advertisement led to the Military Wives Choir publishing the survey link in their monthly newsletter, the Army Families Federation, the Royal Air Force Families Federation and the

Navy Families Federation posting on their Facebook page, as well as Forces TV who published the survey link on their Facebook page. Several interested individuals also shared advertisements via social media. Each of these forums of advertisement led to a snowballing sampling method.

Qualitative data are defined as ‘data left in their original form of meaning (e.g. speech, text) and not quantified’ (Coolican, 2019, pp32), and in its most basic form is considered words rather than numbers (Braun & Clarke, 2013). In addition, qualitative data ‘are not easily reduced immediately (or, sometimes, ever) to numbers’ (Richards, 2015, pp38). Therefore, there is an element of consideration for the researcher’s views, and subjectivity, amongst what constitutes qualitative data and can be further guided by criteria of qualitative research and data collection. Qualitative research ‘is an umbrella term covering an array of interpretive techniques which seek to describe, decode, translate and otherwise come to terms with the meaning, not the frequency, of certain more or less naturally occurring phenomena in the social world’ (Merriam & Tisdell, 2016, pp 15). Qualitative research utilises the researcher as a primary instrument in data collection and/ or analysis and to generate findings which are comprehensive, holistic, and richly descriptive (Smith, 2015). This can be achieved through a range of methodologies and would fit with the current study. Qualitative data collection utilises open-ended questions, which can also be standardised across participants, as with the current research, whereas closed or forced-choice questions would be considered quantitative data (Merriam & Tisdell, 2016).

The benefits of collecting data via open ended survey questions include being less resource intensive for the researcher as there is no need to transcribe, this format allows the participants to think about and revise their responses and have enabled a larger sample to be utilised which lends itself to recommended sample sizes for TA used within a doctoral project (see 2.4). The sample of 388 participants within the current study, were gained from the

wider sample of 563 from the original study. This was because only 388 participants had answered the qualitative questions to provide information about their experiences during deployment. The remaining 175 from the original sample had not provided answers to these questions and as such were not included in the current study.

However, using secondary data from open ended survey questions have some limitations of being unable to clarify points or ascertain wider context to comments, which may have provided more detail and clarity at times.

The secondary data used within this study derived from responses to the following questions (Bennett, 2017), providing 40,070 words of data:

- How did you feel before your partners' deployment?
- How did you feel during your partners' deployment?
- How did you feel after your partners' deployment?
- How do you feel about your partners' upcoming deployment?
- How do you feel now that your partner is on deployment?
- Please describe how you cope with the impact on you before your partner is deployment
- Please describe how you cope with the impact on you during your partners deployment
- Please describe how you cope with the impact on you after your partners deployment
- How do you feel your role changes prior to your partners' deployment?
- How do you feel your role changes during your partners' deployment?
- How do you feel your role changes following your partners' deployment?
- It may be important for us to know about the impact of deployment on you, in your own words. Please describe this.

Depending on their current status in regard to deployment, participants will have needed to reflect on past experiences (i.e. if military partner currently on deployment, they would have needed to reflect on past experiences of before, and after deployment) or current experiences (i.e. if deployment is upcoming).

## **2.2 Epistemology**

Epistemology is philosophical perspective concerned with the theory of knowledge (Willig, 2008). At one end of the spectrum, positivist epistemologists search for empiricism and certainty of knowledge (Cruickshank, 2012); scientific research in line with positivist assumptions usually involve observable, controlled environments for the collection of quantitative data in search of “truth” as fact. Cultural psychologists critique positivist researchers for taking a neutral position which undervalues the impact of the researcher and their own set of culturally developed beliefs, values and language (Salvatore & Pagano, 2005). Similarly, from a feminist psychological perspective, positivists’ attempts to be objective with the phenomena being studied ignore the researchers’ beliefs, culture and identity which influence both the process and findings of research. Further, feminist psychology perspectives have critiqued positivism due to concerns that, particularly historically, males have been the focus of research, implying that males are the ‘norm’ to be compared against in wider society (Willig, 2008).

At the contrasting end of the epistemological scale, social constructionists understand reality as socially constructed expressions of power (Burr, 2015) believing that there “is no meaningful notion of a reality beyond social norms and discourse” (Cruickshank, 2012, pp78) and consider that all views are equally ‘true’. Further, to follow a social constructionist approach, one or more of the following key assumptions are accepted:

- “A critical stance toward taken-for-granted knowledge

- Historical and cultural specificity
- Knowledge is sustained by social process
- Knowledge and social action go together” (Burr, 2015, pp2-5)

From a constructionist perspective, human experience is mediated by history, culture and language (Burr, 2015), which fits with cultural and feminist psychological viewpoints. Cultural psychology takes a critical approach where “everything is viewed as being culturally situated and where issues of difference and diversity are being linked to broader social phenomena of power and control” (Swartz & Rohleder, 2017, pp 564). Further, social constructionism is considered a key epistemological perspective used within feminist psychology (Gergen, 2001) whereby the ‘reality’ being researched is socially constructed and dependent upon the “shared linguistic endeavours of relevant communities” (Willig & Rogers, 2017, pp 294).

### **2.3 Data preparation**

Secondary data were obtained from a Qualtrics survey, which was imported into SPSS Statistics 25 and separated into each response per question (see 2.1.3). As data appeared overlapping rather than distinct, (for example, feelings were discussed within questions about role changes), responses from all questions were combined and then grouped into stages of deployment (see Table 4). The responses for “it may be important for us to know about the impact of deployment on you, in your own words. Please describe this”, were coded separately to account for participants’ views of deployment overall.

Within the 40,070-word data set, there was variance amongst data, from one-word responses to more detailed paragraphs (the largest response was 383 words long). The one- or two- word responses made up 537 words of the data and mostly occurred within the qualitative open-ended responses relating to ‘how do you feel...?’ For example, ‘scared,

anxious'. It would have been very difficult to reduce all data, including one-word responses, to quantities or numbers without losing the wider context and meaning of the data and thus would be considered qualitative data (Richards, 2015). Further, the epistemological position of the current study would discourage quantifying experiences as the reduction would contribute to losing their meaning, wider context and inclusion of participants' experiences (Burr, 2015; Cruickshank, 2012). Therefore, any responses from open-ended survey questions were considered qualitative data and analysed as such.

**Table 4**

*Grouping of questions based on deployment stage*

Pre-deployment	During deployment	Post-deployment
How did you feel before your partners' deployment?	How did you feel during your partners' deployment?	How did you feel after your partners' deployment?
How do you feel about your partners' upcoming deployment?	How do you feel now that your partner is on deployment?	Please describe how you cope with the impact on you after your partners deployment
Please describe how you cope with the impact on you before your partner is deployment	Please describe how you cope with the impact on you during your partners deployment	How do you feel your role changes following your partners' deployment?
How do you feel your role changes prior to your partners' deployment?	How do you feel your role changes during your partners' deployment?	

## 2.4 Thematic Analysis

Other qualitative methodological approaches including Grounded Theory, Interpretive Phenomenological Analysis (IPA) and Discourse Analysis were considered prior to the decision that TA was the most appropriate.

Grounded theory (Glaser & Strauss, 1967) aims to generate new theory through constant comparative analysis, theoretical sampling, and coding. Grounded theory emphasises data saturation and aims to continue collecting data considering categories emerged from earlier data analysis (Glaser & Strauss, 1967). Theoretical sampling was not possible in this study as it utilised anonymised secondary data previously collected and although theory generation could be an outcome of this study, it is not a research aim. Adapted Grounded Theory can be utilised on existing data but is recommended not to be a first choice for data analysis as it lacks theoretical sensitivity and does not allow for data saturation (Willig, 2008). Further, the epistemological view which informed this study is not concerned with data saturation, but rather considering individual experiences and counterinterviews, to understand phenomena.

IPA was also considered for use within this research but IPA primarily uses data from semi-structured interviews (Smith, 1996) which have been conducted following specific guidance to generate data suitable for IPA. Further, IPA is an idiographic approach which entails detailed analysis of data relation to a small number of individuals with shared experience (Smith, 2015). As such, existing data collected through an open-ended online survey, with a large number of participants, does not appear to lend itself to IPA.

Discourse Analysis was also considered but it is often used for naturally occurring text and speech to capture spoken words as well as other forms of communication such as pauses, interruptions, speech errors (Willig, 2008). Therefore, discourse analysis was not

suitable for written responses to specific questions as it is not naturally occurring and would not capture the nuances of spoken language and meaning beyond the written words.

Following consideration of a range of approaches, some of which are described above, TA was considered the most appropriate methodology for multiple reasons. Firstly, the existing data collected through online surveys lends itself to a flexible method of analysis; TA can be utilised for qualitative surveys and secondary sources (Braun & Clarke, 2013). The recommended sample size for a professional doctorate project is between 30-100 but raises to at least 50 to 200 and over when considering a larger or PhD style project (Braun & Clarke, 2013). As the study utilise responses from 388 participants, TA seemed the most appropriate given such a large amount of data.

TA can be used for a range of qualitative data, which in its most basic form can be described as seeking to understand or interpret meaning of textual information (including words, written or spoken language), considering the context it is gathered within (Braun & Clarke, 2013; Madill, Jordan & Shirley, 2000). As such, one-word answers could be synthesised within qualitative research generally and TA specifically. TA was considered a suitable fit with social constructionist epistemology of this study: though TA can be utilised within a range epistemological approaches, it can be considered a constructionist method when utilising critical approaches to explore the ways in which events, realities, meanings, and experiences are the effects of a range of discourses operating within society (Braun & Clarke, 2006; Burr, 2015). From a social constructionist perspective, meanings and experiences are thought to be socially produced rather than isolated within individuals (Burr, 1995). Therefore, TA conducted within a social constructionist framework cannot and does not seek to focus on individual psychologies, but seeks to theorise the sociocultural contexts, and structural conditions, that enable the individual accounts that are provided. As such, this



research study aims to conduct qualitative research within a qualitative paradigm (Kidder & Fine, 1987).

Themes can be generated in TA using inductive, deductive, or combined approaches. Inductive or ‘data driven’ analysis generates codes (and thus themes) that are strongly linked to the data itself without being driven by theoretical knowledge or interests (Nowell, et al., 2017). In contrast, deductive or ‘theoretical’ analysis codes for themes that are driven by relevant theory and the researcher’s interests (Boyatzis, 1998). Despite appearing distinct, it is possible to generate themes from a hybrid of inductive and deductive approaches (Fereday & Muir-Cochrane, 2006) to allow the social phenomenology to be integral to the process of deductive TA whilst allowing for themes to emerge direct from data using inductive coding. An inductive-deductive method was suitable for this research as it remains a relatively under-researched area with limited understanding of military partners, from their perspective, yet relevant theories can be drawn upon to consider how military partners’ experiences may be conceptualised.

Deductive coding was based on concepts from cultural and feminist psychologies, structural family theory (Minuchin, 1974), psychological theory of stress appraisal and coping (Lazarus & Folkman, 1984), and social identity theory (Tajfel, 1974; 1978).

Latent TA rather than semantic TA was considered the most appropriate given the assumptions of cultural, feminist, and social constructionist psychologies that underlying beliefs, values, and cultures influence individual perceptions. Thus, exploring underlying meanings of what participants have said fits with these aims and assumptions.

Madill, and colleagues (2000) promote the use of triangulation; the notion that some accounts may be more pervasive or valuable than others or merely more relevant to the research question, with the goal of completeness not convergence. Further they suggest a

strength of retaining truly novel perspectives which may have been discounted when consensus understanding is valued. Therefore, TA must be utilised appropriately to consider all views and counter-views relevant to the research aims.

## **2.5 Reflexivity**

From cultural psychological and feminist psychological perspectives, and a social constructionist viewpoint, an active role of the researcher in the research process is essential (Smith, 2015). Further, Braun and Clarke (2013) highlight the importance of embracing the researcher's subjectivity rather than viewing it as a problem with reliability and validity. Qualitative researchers should not aim to position themselves 'outside' of the research and cannot be considered neutral because they will have a relationship with or be implicated in the phenomena being studied based on the researchers own beliefs and cultural values.

Reflexivity is an active process of reflection used by qualitative researchers to document how the research process and the researcher themselves construct the object of research (Bolam, Gleeson & Murphy, 2003). There are two levels of reflexivity to consider: personal reflexivity and epistemological reflexivity. Personal reflexivity considers how the researchers' own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research; and how the research may have affected the researcher. Epistemological reflexivity considers how the assumptions (about the world and about knowledge) affect how the research was conducted, the research question was defined, the design of the study, method of analysis, what was found and to consider the limitations of what was found (Willig, 2008).

### ***Familiarising self with data.***

As recommended by Braun and Clarke (2006, 2013), data were read in full on three occasions prior to commencement of initial coding. Further, individual sections were read

when combining responses to questions to create the three data sets (pre-, during-, and post-deployment). Similarly, the researcher became increasingly more familiar with data, through inductive and deductive coding, the grouping and cohesion of codes and the development of themes. The reflective diary was used throughout the entire process of project design, data preparation, data analysis and the writing up of the research to report thoughts, ideas and opinions, to notice potential biases and own subjectivity with particular considerations of culture, feminist perspectives, own social identity and roles within a family structure.

### ***Supervision.***

Supervision and research meetings between all researchers were utilised when needed and as appropriate to discuss the process, in adherence with Braun and Clarke's (2006) method of TA, but also to consider reflexivity in relation to data. Supervision was particularly helpful when used to review codes, as it helped to identify codes not captured, classifications or modifications of codes that might be needed to increase the consistency and coherence of the analysis. It was helpful to discuss with other supervisors to notice one another's subjective bias and assumptions about the data and its implications.

## **Extended Results**

Other quantitative data were collected in the original study (Bennett, 2017), but it was thought that the gender and relationship status were relevant to this research, to give some context to the sample.

### **Thematic analysis**

See Appendix C for an example of coding and theme development.

The thematic map was utilised to express the way in which the themes impact and are impacted on by one another, and how they relate to the stages of deployment. The thematic map illustrated the interactional effects and overarching senses of 'powerlessness', 'tensions

between multiple identities’ and ‘coping with expectations and conflicting realities’, impacted on military partners. ‘Powerlessness’ from the military culture, interacts with the perceived identities that military partners adapt and also on their methods of expected or actual coping. In turn, they influence perceived powerlessness. Secondly, the identity that a military partner adopted, was thrust into or had more freely chosen, may also be impacted on by perceptions of powerlessness, but was also considered to be reciprocal in that the adopted or enacted identity may also influence the perception of powerlessness. Thus, ‘tensions between multiple identities’ impacted on the military partner. Finally, the third overarching theme of ‘coping with expectations and conflicting reality’ indicated that the expectations and perceptions of coping impact on an individual’s actual coping, and was also considered to be linked to the influences of identity and powerlessness. Reciprocally, coping strategies employed or perceived by partners influenced their perceptions of identity and power in the military system. All three overarching themes were present across all stages of deployment, and impacted on, and were impacted by partners’ perceptions of ‘cycling through transitions’, as demonstrated by the bidirectional nature of the figure. More specifically, the psychological adjustments present within the ‘cycling through transitions’ themes, were impacted by military partners’ experiences of power, identities and coping (as indicated in the other themes). The psychological adjustments and experiences of the deployment-related transitions then impacted upon perceptions of power, identities and coping with later or upcoming deployments. Thus, overall, previous experiences of the whole deployment cycle impacted upon perceptions of upcoming deployment and experiences through the deployment cycle.

To highlight concepts from the theme ‘cycling through transitions’, cyclical arrows indicated that the partners’ experiences of actual transition points often started sooner, lasted longer and had more overlap and variation than the standard stages of pre-, during- and post-

deployment. Similarly, it was utilised to demonstrate the nature of the deployment cycle starting again.

A number of select example quotes and additional supporting information have been included in the theme in which they relate to, giving further context to the themes described within the journal.

### ***Powerlessness***

Military partners described experiences constructed as powerlessness from the military, regarding feeling unacknowledged or uncared for, even when they shared their difficulties or explicitly asked the military for help. As one partner shared:

*There's no support from the forces for families left behind and you don't have your own nearby for help. You're just expected to get on with it not knowing when you'll next hear from your partner and if you ask for help, it's ignored (from experience) so I've taken the attitude of just having to get on with it.*

Another partner stated: “We aren’t the soldiers who have deployed therefore we can’t possibly suffer like they do. Yet we are probably just as traumatised by deployment as they are but in a different way”. The sentiments expressed indicate that military partners felt that they were negatively impacted by deployment and experienced difficulties associated with mental health due to deployment, despite the lack of acknowledgement or support from the military or the serving person. Military partners’ experiences were discussed as being different to those of the serving person, but worthy of recognition and support as well. However, the perceived inequalities appeared to perpetuate a sense of powerlessness for military partners.

There were several difficulties expressed by partners in relation to accessing help and support. For some partners, this related directly to the military; some thought that there were

opportunities that the military could provide or offer but believed they were not currently available or offered.

*Other than "call this number if you need anything". However, more often than not you don't need anything other than just the support of others in the same position as you and I would have had no idea who they were as the RAF did not facilitate any opportunities to meet these other people. It did very little to help me feel positive toward the RAF.*

This could be another example of the influence of informational power, as some partners reported positive experiences of social support from other military partners, indicating that it can be available, but it appears that this information has not been shared or cascaded to all partners to provide equal 'in-group' opportunities and associated benefits for all (i.e. a sense of belonging).

For some, difficulties gaining relevant support came from the experience of health care professionals diagnosing them with a mental health condition, when they believed that their low mood was an understandable reaction to very distressing circumstances (see journal). For others, they had sought help from health services and professionals, feeling that they experienced mental health difficulties, yet did not receive the support they anticipated. Both scenarios may enhance a sense of powerlessness in relation to those in positions of authority or as gatekeepers of support. As one partner expressed: "Following thoughts about ending their own life- I went to the doctors but they have never diagnosed anything".

It was not only the sense of being misunderstood, but some partners described a sense that traditional mental health services were not tailored or specific enough for military partners. Some felt they would require additional or separate support for military partners specifically, e.g. "I feel some guidance on how you may feel emotionally before, during and after

deployment would be very helpful. There are so many places for service personnel to get mental health support from now, but not for families/partners”. However, this could indicate a lack of understanding about health services, by military partners, further highlighting an invalidation of their own needs and beliefs that there is no help available for them.

Another explained: “We had marriage problems stemming back from his deployment the year before and had tried to request relate counselling but only got one session before he was sent away the first time”. As a military partner indicated, perhaps traditional mental health services and the military may not necessarily be aware of the competing mental health and military needs of the serving person and partner, to collaboratively support one another. The potential lack of communication or understanding between the institutions could cause difficulties or inequalities for partners and serving personnel in accessing support, particularly when straddling competing, and at times conflicting, cultures or identities.

Beyond questioning the purpose and necessity of the military on their lives, some partners described the impact of the military on their freedom of choice over their own lives, highlighting the powerlessness from inequality imposed upon (mostly) female military partners. One explained: “Personally I feel parts of my life are on hold. I can't do all the things I may wish to do”, whilst another shared:

*I feel uneasy out of control emotional all the time when things are delayed that impacts on our future and our plans. I feel relieved it's nearly over but annoyed it got delayed which means our wedding will have to be postponed now.*

One partner further questioned the powerful influence of the military on the serving person, and thus impacting their relationship: “How can you love someone who can't see past the institution that they have been indoctrinated into?” Such experiences may indicate the power of the subsystems developed between the military (or members of the military) and the

serving person, conflicting with the relational couple system and the role and positioning of the military partner.

The military exerted power over the military partner and the family through the limited availability of information generally, and decisions made and implemented without a rationale and with seemingly little regard for the impact on those in receipt. However, it was unclear whether additional information would alleviate such anxieties. Whilst one appreciated the limitations of information sharing, as the serving person “supports sensitive and special operations so I am not allowed to know what he does or where he's gone”, the majority reported it can be “hard to deal with”. Further, the impact of informational power can have far reaching effects within the familial system, influencing children as well as partners, i.e. “During deployment we get very little information, it is very stressful, and the children's behaviour deteriorates”. However, many factors could be influencing the wellbeing and behaviour of the children, which could be indicative of wider distress within the system.

Similarly, decisions regarding deployment dates were often delivered with very short notice, changing multiple times and which often left military partners with a sense of uncertainty, being “in a state of limbo” and anticipatory anxiety of waiting. As one partner described, “there is not enough time prior to deployment to spend as a family without interruptions from the army. I'm used to it. I get short notice that he's deploying and he never returns when he's supposed to”. As such, highlighting the influence of the military on the family or couple system outside of deployment, resulting in clashes of culture or roles when the military exerted power through interruptions during other areas of the deployment cycle. Further, the experience described indicates that military partners feel more notice may be needed to flexibly adapt as a system. In contrast, a small minority of partners felt that “I don't think it matters how much notice there is before a deployment, there's either time to worry and a countdown to being on your own, or there's no time to think and they're away”.



Dates for the serving person returning were also changeable, with little notice. Some partners found this anxiety provoking and upsetting, whereas others, perhaps with repeated experience of this, reported disbelief and reservations until the serving person was physically home, demonstrating the range of responses to perceived powerlessness. One partner explained that the unexpected extension: “was by far the worst thing about the whole deployment and the lack of care and communication from his office here was disgraceful and made me feel much, much worse. This contributed massively to feelings of isolation and resentment”.

Military partners’ perceptions of fear or safety for the serving person were often based on anxieties connected to knowledge, or a lack of knowledge, relating to the role and location of the serving person. Further, military partners experience a lack of control and inability to influence decisions made by the military relating to the locations and perceived safety of deployments, which unavoidably impact the couple or familial system. One partner described:

*I am thankful so far that his deployment is to a fairly safe location and dread the inevitable day that he will be sent to a dangerous deployment where I know this will affect me a lot more as I will be worrying about his safety and not just missing him hugely!*

Overall, military partners expressed a sense of powerlessness from the military and health services in relation to feeling unacknowledged and misunderstood about their support needs and facilitating opportunities for such support with other military partners. However, sometimes a sense of powerlessness came from not knowing the relevant information regarding support groups or mental health support, rather than the support being unavailable. Further, a lack of information about deployment from the military impacted on (mostly)

female partners' freedom of choice in their lives, their relationship and what their future may hold.

### ***Tensions between multiple identities***

Some military partners have developed a military identity and a clear role and purpose as a military partner, within their familial system and within the wider culture. As such, it appears that they have aligned values and beliefs. As one partner explains:

*When I married, I married into the military: I did that with full awareness of what that would involve, a big part of which is accepting a certain lifestyle. As an officer's wife I have a role to play, and that is primarily to support my husband as he does a difficult job. Deployment is just... another day at the office*

Such identities, with shared values, appeared to enhance a sense of honour or satisfaction for some military partners, i.e. "With every deployment that passes my pride in myself and my children grows. It is not just my husband that plays his role in the forces; we do too". The sense of pride transfers to the wider system, with the whole family viewing their role and positions as being within the military identity and culture.

Data indicated that there are apparent benefits of the military in-group, such as a shared context, shared values and beliefs and a sense of community through ingroup membership. One partner shared: "I was a lot more content as I was living around other army families but the previous tour, I was in civvi street and found it very hard", indicating that military partners' deployment experiences can vary depending on whether they could access the support and sense of belonging of the military in-group. However, such strong alliances with an in-group can develop a sense of 'others' in the non-military out-group which may be difficult. One partner explained: "I feel like only others that experience the same have a right to comment on how I may feel". This appears to go beyond the shared values with other

military partners, into an acknowledgement of differences with other, non-military people and a perceived divide between them. Such views may account for why some military partners would not seek support from others, outside the military, including outside agencies such as mental health services and professionals, creating further barriers and health inequalities.

Despite noted benefits for membership in the military identity, some partners shared that there were multiple groups within the military which led to perceived inequalities within the military identity, e.g.

*At one point I had a 3 yr old & two 1 yr old & because we don't live on camp all I got was a house plant!! Seriously with that sort of support it's no wonder military marriages don't last!!*

The experience shared indicates that military partners living on the military camp or base gained generally more support than those living elsewhere, in alternative locations. Similarly, another partner described: “There is little to no support from the squadron and if you don't have children, you're not welcome to many of the Hive or station events.” Constructed from the data was the indication of the expected norms, roles and positions within the military culture, influencing, or having shared expectations with, the family or couple system.

The utilisation of the relationship and relying upon one another within the couple relationship was evident throughout all stages of deployment. Prior to deployment, this manifested in many military partners and the serving person enjoying quality time together and seeking support from one another. As one described: “I try to spend the time I have with my partner wisely and use it to our advantage to enjoy each other's company whilst we have it and try to come to terms with the inevitable”. Further, some partners shared that they were

able to acknowledge the influence of external factors and stressors on their relationship, to still enjoy their relationship and time together i.e. “Try to recognise tension for what it is - just a natural response and not argue. We try to get away somewhere to spend some quality time as a family”.

During deployment, some partners reported flexible adaptations to the physical changes and separation within the couple or family system by maintaining emotional or psychological elements of relationship to cope e.g.:

*Talking to him as much as possible, buying things for him and planning for time together (e.g. holidays or weekends away) sending him parcels of his favourite things or little things to keep him and his mates entertained as they are often very bored in this place that they go.*

Like pre-deployment, couples spent time together on the serving person’s return to help with readjustment. As described: “It was a period of adjustment and not always straight forward, but we found that taking time to go out just the two of us really helped to get back to normal again.”

In contrast to utilising the couple relationship, some military partners expressed their perceptions that they were left behind, leading to feelings of grief or isolation, i.e. “The social isolation is a big one, my husband is my best friend too and when he has gone... You can feel at times an overwhelming feeling to cry without any trigger”. Others reported a sense that there was an unequal couple relationship, whereby they sacrificed their own needs for those of the serving person. As one partner indicated that their role was to “Support partner not a team”. Some partners expressed that there is a need for adaptation, flexibility, and equality within the relationship during deployment, e.g.

*I think anyone who makes a military marriage work - both people have to be able to just adjust and take on the extra tension and accept it is worth it for their love. Hence why the divorce rate is so high.*

Such experiences indicated that equal positions within the relationship and shared responsibility are required beyond deployment across other areas of the military relationship, yet the ability for both people to flexibly adapt in such a manner is challenging and may lead to relational difficulties.

Some military partners discussed the importance of a social identity, whether it be utilising existing social support, or generating new relationships. Some appeared able to utilise their social identity, yet some were unable to maintain or develop a social identity during the different stages of deployment. These experiences could leave military partners feeling further marginalised and creating more reliance or perhaps pressure on maintaining or developing other identities such as their independent identity or couple identity. As one partner explained:

*I am an hour and a half from friends and family and got very upset when he first rang once he was out because I don't know anyone and haven't got a job yet... so got upset telling him that I went 8 days without going out of the house or seeing anyone.*

The experiences of managing multiple life stressors and competing demands appeared to cause some distress for military partners who found it difficult to juggle competing identities and the roles associated with them. As one partner discussed the impact: “I take on all roles within the home and often feel I can only do my own job as well as jobs within the home half heartedly (sic) as I'm constantly tired”.

Some military partners can adjust to a routine, managing competing roles and demands, but report the independent identity can be lost upon the serving person's return but they are then able to return to the couple relationship. As one partner shared:

*So, you've got into your 'single' routine....then you have to re-adjust, start telling someone where you are going, when you will be back, what you want for dinner..... in a way you initially resent the disruption of having to consider someone else, but after a few weeks you are back to normal...whatever normal is....*

Overall, military partners reported tensions with multiple identities. Some reported an alignment of shared values and beliefs between the military identity they had formed and their familial or couple system. The sense of a military in-group had many benefits but there were perceived inequalities amongst the in-group based on the cultural norms and beliefs regarding the roles of (female) partners, and it may also have created tensions with non-military people or services as an out-group. Some partners utilised their relationship throughout all stages of deployment whereas others felt left behind or developed alternative social or independent identities.

### ***Coping expectations and the conflicting reality***

There was apparent conflict between the sentiments and experiences shared by military partners. Often, partners would share very difficult, painful, or distressing experiences and either preface them or negate them with minimising or potential self-critical statements. As one partner appeared to do when expressing that they felt: "Lonely, sad, stressed but again I knew I just had to get on with it and I wasn't the only person to ever be in that situation"

As was highlighted by the last military partner, they dismissed their own needs perceiving that others were in the similar situation and coping, and thus felt that they had no right to

complain or find it difficult. Alternatively, it could be a perceived expectation or judgement from others, yet the quote does not allow for further exploration. These ideas perhaps highlight that some military partners assume others cope well and have no difficulties, when the data from this research indicates that many partners feel similarly. The notion that they, as an individual, do not cope when they perceive others do, may lead to increased pressure and expectations placed upon themselves to cope.

Many partners expressed perceptions or expectations to cope generally, though some partners shared more specific concerns regarding deployment worries. For example, one partner shared that they experienced the: “Fear of not coping personally, inadequacy to cope as a single mum”. Again, it was not clear whether these were personal expectations or based on the norms, rules or beliefs within their familial system or the wider military cultural context.

Understandably, one major concern for military partners was the fear that the serving person may die, be seriously injured or at risk in any other way. However, similar patterns of minimising or negating their worries were present. As one partner shared, they felt: “Ok, calm, adjusted, although afraid of patch gate opening and dreaded knock at door”. The use of metaphors, such as “knock at the door” to indicate receiving news that the serving person had died, further distances the military partner from the painful emotions. It also again highlights the adoption of military language in military partners. Given these fears, some military partners dismissed their emotions to shield the serving person and protecting the wellbeing of the serving person due to the implications of risk towards the serving person if they were distracted or their attention or energy deterred from the military during deployment. However, the experiences of military partners dismissing or minimising their experiences and emotions to protect or support the serving person, occurred at all stages of the deployment cycle, i.e. “he plays a prominent role on deployment and therefore is distracted beforehand. I

make sure the family stuff will not detract from his focus”. This perhaps indicates a privileged military identity and roles over that of the familial system.

Some military partners appeared to prioritise the wellbeing of others above their own. In some cases, already discussed, it was perceived the reason was due to the expectations of others. One said: “To be honest I have been so busy working and looking after my child and keeping their and the extended families feelings up that I have not stopped to consider myself”. Interestingly, this military partner did not give any further information in their response, showing that even when given the opportunity to discuss the impact of deployment on themselves, they have been unable or unwilling to do so. It is perhaps the case that it is too painful to consider themselves, or that they are so immersed within the expectation to look after others and dismiss their own needs, that it was felt impossible to do so. For some military partners, attempts to support others appeared to have an impact on their physical or mental wellbeing, creating further health inequalities amongst military partners and others. As one partner explained: “It can be emotionally exhausting trying to keep everyone positive when I want cry myself”.

Meeting the needs of others at the expense of their own may also be a strategy to protect the military partner from the perceived judgements or expected norms of others. As one person shared: “I feel as though I've lost my right arm - that something is missing. But I just make the best of it and try and stay positive - as no one wants to be around someone miserable!” As such, some military partners may withhold or dismiss their emotions to maintain relationships with others. Some partners expressed the importance of their existing social support, such as friends and family outside of the military, who offered continued support despite multiple changes through the deployment cycle. In contrast, those who did not have existing support networks, or were removed from them due to moving for the military, appeared to experience distressing emotions such as loneliness, anxiety and sadness. Some reported additional



resentment of the upheaval to a new place, to then be left alone i.e. “It was ridiculous. We are posted miles away from family and then send away our only support network. How do they expect us to survive?” Thus, perceiving deployment as impacting on being able to utilise their existing methods of coping or to generate new or adapted methods of coping, and as such, as a threat to their overall health and wellbeing.

To summarise, the experiences shared further (to the journal paper) highlight military partners’ expectations to meet the needs of the serving person and others, and at times, at the expense of their own needs and wellbeing. Military partners may dismiss or minimise their own needs to protect the serving person or others, or to protect themselves from perceived judgements. Further, some military partners continue to do so even when provided with the opportunity to share their experiences and assert their own needs. Military partners cope with the deployment cycle in a range of ways, including avoidance, utilising social support and coping resources but perceive a threat to their own wellbeing if these are unavailable or unusable due to the impact of deployment.

### ***Cycling through transitions***

Cycling through transitions was discussed, in the journal paper, regarding each stage of the deployment cycle. Some aspects are further explored here. Firstly, differences between deployment experiences were mostly discussed regarding preparing and anticipating deployment, compared to other stages of deployment due to the countdown and build up anxiety, anticipation, uncertainty, and fear, e.g.

*Worse is the count down and knowing on the day they leave you only have 2 hours, 1 hour then 30 minutes... Also I find I will try to avoid any conflict days before they leave as I do not want us to have any recent negative memories prior to him going as I know it's a stressful time for both of us.*

Military partners reported experiencing changes before deployment had begun, in their ways of coping, their emotional reactions and the developing roles. Similarly, some partners noticed the serving person began to adjust prior to the deployment, noting “it’s like they [serving persons] are already there”. As such, the familial or couple system appears to begin to take on new roles to adapt in preparation for the upcoming deployment, whilst all members are still present. The next phase of significant change for military partners seemed to be the period of adjustment at the start of the deployment; some military partners reported that they experienced this time as the most difficult, until a routine was developed. As one partner shared: “In the beginning I struggle a bit the first 2 weeks take adjusting. E.g. Sleeping in bed without waking up. Then when am in my routine am fine”.

Following deployment, the military partner or family readjusted to having the serving person back; familial systems appeared to do this differently. Some partners shared that they expected the serving person to adjust to their newly developed routine, whereas some couples began “settling into merging our routine together”. Other military partners were expected to “change back” to their roles, positioning and to the norms within the system prior to deployment. Whilst one partner shared, “I felt relief to have him home. Resentment that I had to turn my life upset down and then flip it back to normality as soon as he came home”. The implication being that the routine changed back to account for the serving person and reflected the positions and roles prior to deployment was the norm in that familial system. However, some partners had adapted to a new system without the serving person. One explained: “It seriously affected my MH more following the deployment; I felt I was being stripped of the skills I’d gained doing everything on my own”. It was assumed by the researcher that the participant’s use of ‘MH’ was meant to describe ‘mental health’ given the context of the study advertisement, however it was not possible to verify this and so should

be taken with caution. The renegotiation of rules and roles highlights the importance of equality and freedom to choose amongst (mostly) female military partners.

When the serving person returned and readjustment transitions achieved, the deployment cycle ended for some, yet others had difficulties which continued. On occasions, the continued difficulties related to the physical or mental health of the serving person, which some did not receive adequate professional support. One military partner shared:

*In my opinion most soldiers I have witnessed suffer with PTSD but never receive help. This is then left for wives/partners like myself to deal with without any experience. Puts a great deal of stress and pressure on everyday life.*

Another supported this view: “It was awful. He was very different. He was clearly depressed and needed help but was blaming me saying if I was just a bit more supportive he'd be okay”. The increased pressure on military partners to continue to support the serving person, often with wellbeing issues beyond military partners’ experience or capabilities, increases the likelihood that military partners themselves will continue to feel, or develop physical or mental health difficulties.

In regard to military partners’ multiple deployment experiences, the approximate figures (utilised in the journal paper) to express whether partners had a positive experience of deployment, reported ambivalence, or reported negative experiences, were calculated by grouping the codes associated with each experience and comparing the number of codes.

Some military partners reflected the benefits of multiple experiences of the deployment cycle, on both an individual level, and within their relationship, despite potentially challenges. As one partner expressed: “Each deployment has put stress on our relationship, but we came out stronger after every single one! I cannot imagine our life without these experiences”.

In contrast, other military partners reported negative feelings and experiences associated with multiple, repeated deployments and associated aspects of the deployment cycle. As one partner described: “I find the run up to deployment difficult as I begin to remember negative experiences and feelings I have when he is away. Everyday (sic) I wake up more angry or moody until he eventually leaves”. Such difficult experiences appear to have increased the worries and anticipatory anxiety for some partners, when considering future deployments. One partner explained that they feel: “Scared that things will return to how they were during the last deployment”. Interestingly, this military partner did not share what their experiences were before, to express how they would return. It was perceived that this may be because they were too painful and distressing to discuss, but despite the lack of context, the response appears to express great concern.

Overall, military partners experienced difficulties pre- and post-deployment, not only during the deployment stage. Difficulties were worsened by repeated disruptions to the system by multiple deployments, combined with perceived inequalities in roles, expectations and health and wellbeing for military partners. Other partners reported positive deployment experiences related to flexible adjustments through the deployment cycle, merging or collaborative understanding of ‘normal’ routines and strengthened relationships.

## **Extended Discussion**

### **4.1 Cultural psychology, values and the military**

From military partners’ experiences, there appeared to be some military core values (Wood, 2018) which resonated more than others. For some partners, the core value of selfless commitment was felt from the military, in the way of the military or those within the military culture enforcing such values onto partners with the expectation that the military and the serving persons needs should come before the military partner. These findings also support

Eubank's ideas (2013) of the US military encouraging spouses to demonstrate honour through supporting the service member 'whenever duty calls' (pp97), the expectation to remain strong and courageous to handle the demands, and that spouses 'must commit to the demands of the military lifestyle and learn to adapt' (pp97). Some considered these expectations a natural part of their role, taking on the role of the military partner and seeing it as a lifestyle rather than a profession, supporting Wood's summary of the serving person's view of military culture (2018). Further, some partners appeared to integrate such values into their identity, as has been found in serving personnel (Westphal & Convoy, 2015), promoting the sense of pride. However, others found these values somewhat oppressive as they did not identify with the military identity and thus experienced such ideas as impacting negatively on the life they would like to be living and suppressing their freedom of choice. As such, the different perspectives appeared to support Redmond and colleagues (2015) findings that those whose military and personal lives greatly overlapped, such as those who shared a military identity, were more likely to prioritise the military and its values compared to those whose attention may be focused outside of the military, such as those with a differing individual or social identity. These findings further support the idea that individual values can complement or conflict with the collective values of the military culture. The conflict supported the notion of 'culture clashes' between military and non-military cultures (Greene et al., 2010). Culture clashes have been researched mostly in relation to veterans transitioning from the military into civilian life, or for serving personnel returning from deployment, but this research indicated that culture clashes were also evident in military partners' experiences. Some military partners described the development of the relationship with the serving person as initially having a honeymoon period, which then transitioned to culture shock, with relocation or deployments being contributing factors to culture shock. Some spoke of adjusting to the new culture and became used to multiple deployments and the role of the

military partner. However others referred to being unable to overcome the culture shock phase and thus military relationships ending.

Some military partners adopted aspects of the unique military language (Cole, 2014); the language used usually referred to “civvies” as civilians, or non-military people, highlighting the in-group membership to the military and the out-group of others. The “knock on the door” was utilised by a few military partners to describe their fears or concerns that they may receive news that the serving person had died, commonly used within military culture (Hyde, 2016). The use of such language was interesting as it appeared to allow partners to distance themselves from describing the actual fear of death by using common phrases that would be widely understood without having to voice the reality. It could be a form of avoidance of difficult discussions or emotions, or perhaps another expectation of the culture which discouraged overt displays of emotions (Wessely, 2006).

Hierarchy was constructed to be very important to military partners’ experiences in relation to deployment. It is important to note that hierarchy was not frequently expressed in the traditional military sense of rank and roles, but rather in the way that military partners were viewed as less important than serving personnel. As such, it was suggested that the professional expectations of serving personnel from the military were transferred or continued into non-professional realm of the family home or couple relationship as found in US military families (Drummet et al., 2003). The hierarchy also appeared to influence, though to a lesser extent, some military partners’ relationships with others and the support available; more resources and inclusion were afforded to those married to someone of a higher rank, and with children. Such findings support those exploring UK partners’ experiences of accompanied postings (Gribble, 2017).

The current research, viewed from a cultural psychology lens (Willig & Rogers, 2017), has shown that the military culture also impacts on military partners, whether they identify as part of it or not. Viewing the research through this lens enabled military partners' deployment experiences to be interpreted and constructed within their context and explored the influence of the military culture and its associated views on their lives and wellbeing. Further evidencing inequalities in both the prevalence of mental health difficulties and access to mental health services, grounded in the membership of military culture, so that they can be addressed.

#### **4.2 Social power**

Military partners' experiences confirmed the proposed view that the influence of power within the military extended to the serving person's homelife and thus impacted on the military partner within the familial system. Partners perceived that power was exerted by the military during the deployment and deployment cycle, but also influenced their lives more widely.

Referent power (French & Raven, 1959) is evident for military partners in terms of their social identity; some partners identified with the military culture and with other military partners, taking on the roles and expectations to become part of the in-group or to maintain their group membership. Group membership may also be related to reward power, given the benefits partners described to being part of the military in-group, such as a sense of belonging, additional support and a sense of connection and understanding. Power inequalities were apparent inversely; partners faced perceived judgments or expectations to behave in line with military values, and cultural and social expectations from the military and familial systems, indicating potential coercive power influencing military partners.

Military partners expressed the use of expert power (French & Raven, 1959) amongst the military, in conjunction with informational power. The military has the power to decide which information is shared with whom, and how it is used. The exertion of power in this way appeared to impact negatively on the mental health and wellbeing of military partners. However, it appears that some partners have begun to question the ways in which the military operates and the influence and utility of its power during deployment and more widely. As such, it seems that some military partners are aware of the inequalities and searching for ways in which power can be rebalanced.

Some cultural values were evident through military partners' experiences and appeared to promote socially prescribed behaviours for all members of the culture. For example, a selfless commitment and loyalty to the military were expected norms and roles universally. Similarly, military ideas of psychological resilience and strength, in the face of adversity, were expected norms prescribed to all in the military culture, whether fully or partially immersed. As such, some military partners had conflicting views regarding expression of their distress, leading to difficulties from the influence of legitimate power (French & Raven, 1959) placed upon them, particularly if their identity, culture or other beliefs did not align with those within the military. This was particularly evident in those who stated they "just coped" but then reported very distressing and difficult experiences with conflicting roles, expectations and identities. Those who expressed a separate social or independent identity, outside of the military culture, were seemingly less influenced by the expected norms or prescribed behaviours as reflected in their ability to develop their own routines, goals, and ways of coping, with less distress.

#### **4.3 Mental health and the military**

As with UK partners on accompanied postings (Gribble, 2017), there was a sense for some partners that the separation from their existing social support created difficulties such as isolation, loneliness, and reduced access to existing coping strategies, i.e. if they moved to a



new location for the serving person to then deploy from. So much so, that some partners resented the upheaval of their lives for deployment.

Some concepts found in the qualitative meta-synthesis by Wilson and Murray (2016) were evident in the current sample, including feeling mixed emotions, the discussion of ways of coping with perceived threats and multiple stressors, communication within the couple relationship and positive aspects from deployment, such as pride and independence. The current research explored a wider range of deployment experiences, not just the during deployment phase, which highlighted the challenges, impact on wellbeing and ways of coping for other stages. Similarly, the systemic review by Hassett, Sabin-Farrell and Schröder (2020) was supported by findings from the current study highlighting the importance of social support and wellbeing, a sense that some military partners developed resilience and strength and the impact on the couple relationship.

The current research found that some military partners developed or maintained a sense of pride through shared values, beliefs and identity with the military culture and other military partners. For those, the sense of pride and positive attitude towards the military helped with coping, through the sense of community, in-group identity and in turn pride in their own achievements, supporting previous research (Davis, 2011; Ramey, 2015). For some, there was a sense of strength and resilience developed with each deployment, supporting Hawkins (2016) findings that some partners strengthen through adversity by overcoming the challenges associated with military life and deployment. However, these positive experiences were limited to only some military partners; others feared not coping and reported ongoing, repeated and for some, intensified negative feelings and distress through repeated experiences of deployment.

Despite these two qualitative systematic reviews including predominately US research, with no UK studies evident, the themes appeared similar to the current study, potentially indicating that it may be a military lifestyle and culture that shares characteristics rather than many differentiating features due to geographical location.

The current study was able to add qualitative context to findings from a large US quantitative longitudinal study exploring mental health difficulties when the serving person returned from deployment (Knobloch, et al., 2018) whereby military couples experienced greater difficulty with initial reintegration if either partner experienced mental health symptoms or had uncertainty about the reunion reintegration interference from a partner. The current research conceptualised military partners' experiences post-deployment as multiple repeated adjustments based on developing and negotiating routines together as a couple, which some partners expressed depended on the mental health and wellbeing for them and the serving person. The current research also highlighted that concerns prior to the serving person's return, such as apprehension and imagining what their lives may be like, often began whilst the serving person was still on deployment. As such, some of the clinically relevant recommendations provided by Knobloch and colleagues (2018) may be transferable or applicable to UK military partners, including offering clinical services for stay at home military partners. Relationship support to help buffer military couples from the negative consequences of mental health symptoms after deployment (Knobloch et al., 2018), may be useful for UK military partners, particularly given the support for systemic approaches to the familial system.

In relation to mental health support or interventions, the results indicate that military partners would benefit from additional support. Military partners expressed a gap in provisions tailored towards their mental health needs and wellbeing which they thought could be considered, promoted, or supported through peer support or more formal interventions.

Such views endorsed the need for similar interventions to those piloted for veteran partners experiencing their own mental health difficulties (Spencer-Harper & Murphy, 2019).

Within military populations, the view of mental health was linked to perceived weakness (Dingfelder, 2009), increasing stigma towards mental health difficulties and acting as a barrier to help seeking (Vogt, 2011; Murphy & Busuttil, 2014). In the current study, views relating to weakness or stigma were not directly expressed but, there were views expressed that there was an expectation to cope, and cope well. As such, this may have impacted on military partners' perception of help-seeking and a concern about being judged by others, though a directional correlation cannot be assumed or concluded from the current study. However, results did support findings that deployment experiences for some military partners go unacknowledged (Aducci, 2011) or misunderstood and that there is a need for help and support, despite an expectation to cope and aspects of cultural stoicism (Lapp et al., 2010), a value encouraged amongst the military population (Wood, 2018).

Since data for the current study were collected in 2016, the proportion of families seeking mental health treatment increased from 14% in 2016 to 19% in 2019 (MoD, 2019b). Quantitative studies indicated small increases in both families and serving personnel seeking help (MoD, 2015), though cultural values and narratives amongst cultures may take time to shift and so more support is needed to continue to reduce barriers to help seeking and promote support available to military partners. If this was the case, it would support Murphy, et al.'s (2016) research that UK partners of military veterans, who experienced mental health difficulties, endorsed help seeking barriers connected to stigmatising beliefs, such as fearing others would not understand them and being worried what others would think of them. A study in the US found similar conclusion with military partners feeling that health care staff did not understand the military culture and therefore could not help (Westphal & Convoy, 2015).

## ***Loneliness***

Cacioppo and Cacioppo (2018) highlighted the concept of perceived loneliness and feelings of social isolation, even when amongst other people, as impacting on an individual's wellbeing. A similar finding was expressed by some military partners, who felt that their other sources of support did not detract from the loneliness felt due to the separation from the serving person. Given that loneliness has often been "stigmatised, trivialised or ignored" (Cacioppo & Cacioppo, 2018, pp 426) within both military populations and wider society, it is important that these distressing emotions are given the acknowledgement and support that individuals deserve.

### **4.4 Theories of social identity**

As expected within social identity theory (Tajfel, 1974, 1978) those who identified with the military in-group appeared to express a sense of pride, belonging and purpose within the military and deployment, specifically. Further supporting the notions that group identity can positively impact coping, increased social support (Brown, 2020) and increased commitment to the organisations they identify with (Ashford & Mael, 1989). It was also indicated that those military partners identified with the wider values of the military.

Military partners' experiences of deployment were not easily categorised or compared with the expanded intergroup emotions theory (Mackie & Smith, 2015) which considered different emotions across different contexts. Military partners expressed a sense of in-group and out-groups, though there was not much consideration for further emotions, thoughts or behaviours in response to the out-group. Perhaps due to the complexity of multiple, competing or conflicting identities, across multiple contexts (i.e. the different stages of deployment), there was not a clear alliance to one sole identity, in many cases. For those who did express a clear alignment with the military identity, they discussed their experiences in relation to their in-group rather than the out-group, beyond "they do not understand".

Considering the research through a social identity lens, was useful in viewing the multiple identities and conflicts between in-group and out-group. However, beyond this, social identity theory appeared too simplistic to account for the complexities across multiple, competing identities spanning multiple contexts. Even considering deployment, there were multiple stages to deployment where people identified with different identities or roles to cope, which varied throughout the deployment.

#### **4.5 Theories of stress and coping**

Further to the journal article, this research somewhat supported the transactional hypothesis to stress, suggesting that stress occurred when the perceived demands outweighed the perceived capability, skills, and resources of the individual. The addition of multiple competing demands alongside the difficulties associated with deployment may have meant that the demands far outweighed military partners' perceived capacity. This may account for the military partners who felt able to manage aspects of their personal or independent life (i.e. family members unwell, childcare, employment) without the addition of deployment stressors, and vice versa, noticed more difficulties in other areas when attempting to cope with deployment stressors. These findings confirmed those reported by UK military partners during non-operational separations, whereby an accumulation of stressors related to or impacted negatively on mental health during that time (Gribble, 2019). However, the stress appraisal model does not fully account for cultural and social expectations and influences placed upon and experienced by military partners, and instead focus on individuals' cognitions. As such, it is essential to consider that it may not only be a perception of demands outweighing capacity, but that the environmental and systemic demands do outweigh the available resources (i.e. time, support) for many military partners and so there is a need for collaborative ownership and potential change between all stakeholders in the environment to

support the mental health and wellbeing of military partners, rather than being the sole responsibility of the military partner to alter their perceptions.

Within this research, some military partners expressed ways of coping with stress that would be considered emotion focused coping (Lazarus & Folkman, 1984), such as avoidance or distraction. Many partners shared the importance of keeping busy so to avoid thinking about the impact or potential consequences of deployment. Similarly, some partners discussed avoidance in terms of avoiding discussing the deployment, avoiding reminders of the serving person or avoiding the news coverage. There appeared varying levels of avoidance and thus varying levels of perceived effectiveness and impact on wellbeing. It appeared that some found this method useful initially but not necessarily a useful stand-alone or long term solution, which could support Lazarus and Folkman's (1984) conclusion that people who use avoidance tend to experience greater emotional ease on the first occasion but will continue to experience further vulnerability in the future (Lazarus & Folkman, 1984), thus not learning to cope effectively with the distress and creating longer term difficulties. However, it could be argued that repeated exposure to distressing events, such as the news coverage, may create more distress and further difficulties and so avoiding such distress may actually be a protective factor and helpful way of coping for some military partners. In addition, the implication that one way of coping is more helpful, favourable and should be implemented above others can be problematic as it may perpetuate expectations placed upon military partners. From a contemporary feminist perspective, further expectations placed upon predominately female partners may perpetuate oppression as it would not encompass freedom of choice and equality in the context of gender differences (Swirsky & Angelone, 2016).

Problem focused coping was also evident in some military partners' accounts, including generating alternative solutions, learning from previous experiences of what was deemed

helpful or useful and acting upon those options. Such coping strategies could indicate the resilience held by military partners, whereby they utilise protective factors to manage risk or an outcome of risk (Sullivan, et al., 2020) and demonstrating the courage to face deployment-related stressors, and stressors related to being a military partner generally, supporting Hawkins' (2016) finding that military partners expressed experiences of developing or demonstrating strength.

Further, Folkman and Moskowitz (2000) concluded that coping resources were needed to perceive an ability to cope with a stressful or threatening situation; the current study supports these conclusions as military partners developed routines and ways to manage deployment related distress such as making care packages, communication, social support, hobbies and interests. Coping constraints were deemed to influence military partners' perceived ability to cope with stressful situations, such as feeling mentally or physically unwell, previous difficult experiences and thus perceptions that they cannot cope once again with the threat, as found with other populations (Lazarus & Folkman, 1984). Military partners' experiences are embedded within the wider cultural context and within the social identities which were desired, enacted or placed upon them and the benefits or challenges that developed with the identities and associated roles. As such, the perceptions or appraisals of military partners should be considered within the context in which they are experienced and how demands and resources within the environment could be explored to support military partners.

### ***Anticipatory anxiety***

Similarly, to theory of stress appraisal and coping, some military partners shared experiences congruent with anticipatory anxiety (defined by Grupe & Nitschke, 2013). Further, the authors suggested that increased attending to threat related aspects, a heightened reactivity to threat (or threat uncertainty) and avoidance were also considered unhelpful

responses to coping with perceived threats (Grupe & Nitschke, 2013). The findings relating to anticipatory anxiety were previously developed in relation to neuropsychological perspectives, considering a medicalised view of anxiety, yet they could relate to some distress discussed by military partners.

#### **4.6 Structural family theory**

From a structural family theory perspective exploring power (Minuchin, 1974), it was clear that many military partners felt powerless and that the power lay with the serving person, to some extent, but much more evidently with the wider military institution. The sense of power related to deployment, but also more broadly to other aspects of life being a military partner. It was clear that the impact of the wider culture, social systems, rules, the values and expected role (Vetere, 2001), which were based on identities, was consequential on the military partner.

As first discussed in the introduction, the military, as a significant institution for military families, and its culture was, indeed, found to shape and influence the family systems rules, roles and the operation of power upon them.

Minuchin (1974) proposed that the system and subsystems often change and can be influenced by those missing or transitioning from the system. The current research found that the serving person, though absent, still influenced the remaining family system at home; some partners held the military partner in mind with care packages and communication, or waiting until the serving person returned home to celebrate missed life events or to continue with their life, implying that life was on hold for the system whilst the serving person was away.

Within structural family theory, it is thought that families undergoing significant changes need to be flexible enough to adapt, whilst still retaining some form of stable identity



and structure (Vetere & Dallos, 2003). Some military partners reported being able to adapt to new routines and changes within the family system and seemed to report better wellbeing and coping. However, others struggled to manage multiple and repeated transitions and so experienced more distress. From a systemic perspective, distress and problems were found to be frequently associated with periods of change, usually depending on the meaning of such change to family members (Vetere & Dallos, 2003). Regarding the current study, some military partners expressed concern and distress in relation to the deployment, feeling that they would not cope, it would be a painful experience, cause problems and the change (or repeated changes) would be negative. However, others appeared to see change as necessary, and something they must learn to adapt to, often using other members of the system (the serving person, family members, or social support) to manage and make the process as positive as possible. The research constructed that flexible adaptations helped partners within the system to navigate changes and provided examples of solutions and resources being utilised by partners within the system, supporting considerations from structural family perspectives (O'Neal et al., 2018; Minuchin, 1974).

In relation to military deployments, the ability to be flexible whilst retaining a stable identity and structure was a role that often fell to military partners to solely manage and maintain, to be able to adapt through each stage and support others in the familial system (i.e. the serving person, children, wider family) to adapt also. As such, the current research supported previous research that partners of military reservists were expected to maintain stability within the home, to family members, roles and running of the home, despite being disrupted repeated by deployments (Basham & Catignani, 2018).

The impact of the military system that the serving person was a part of, such as subsystems with their colleagues and fellow serving members, was discussed by military partners infrequently, though on occasions they expressed difficulties in managing those

dynamics, for example seeing themselves as “the other woman” to the military, or feeling that the serving person had already left and entered the military mind-set with deploying colleagues, before physically leaving the subsystem.

Overall, results of this research support the principles of structural family theory and thus lend itself to consider support and interventions for military partners, from a family therapy perspective, supporting Hollingsworth’s (2011) proposal for community family therapy for military families having experienced deployment. As the article provided a narrative of theoretical constructs, there was a need to explore, initially, whether there was a need for support interventions from this perspective, which this research has established. As such, it would be useful for the military or health services to consider implementation of family therapy to support military partners, and future research to explore its application.

#### **4.7 Feminist theory and links with military research**

The results indicated the notion that more support was offered to women with children, which may indicate wider norms or expectations that military partners are typically women (despite male partners), that they ‘should’ have children and live on the base. Therefore, it could be inferred that more support is offered to those who invest in the military identity and abide by traditional gender roles and expectations for military partners. These views highlight the difficulties military partners experience in being able to enact their freedom of choice (Swirsky & Angelone, 2016) and the need for opportunities to be provided for (mostly) female military partners to choose their roles and be supported to fulfil them, increasing equality.

Basham and Catignani (2018) argued that the contributions and labour provided by female partners of UK military reservists enabled the military to engage in their activities, but also more widely, allowed the British state to prepare for and wage war by maintaining its forces.

The current research would echo these sentiments; the role of military partners during deployment was essential to maintain the family without the serving person, but also key to offering support to the serving person and sacrificing their own needs to maintain those of the serving person, to ultimately perform their role for the military.

Some partners felt that there were sacrifices they had to make to be a military partner, especially during deployment, supporting the notions concluded by Enloe (2014), and for some, this appeared to be sacrifices in relation to their own employment and goals. The perceived expectation of giving up their own employment and goals appeared to demonstrate inequality, specifically gender inequality, given the large number of women. However, it has been important to exercise caution with such views as some military partners did not view their role in the same way and they were happy to contribute in their role for the military and have a sense of military identity.

#### **4.8 Military partners' coping**

Protective buffering (Marini et al., 2019) was described by some military partners, to protect the serving person they perceived may be at risk, or be distracted or concerned by difficulties at home, or if they thought the serving person would be unable to help, supporting previous research into US military wives (Cafferky, 2014). Further, the emotive language used to describe their emotions such as grieving, loss and loneliness, indicated the grave impact of the situation on them, but some still chose to shield the serving person, and others around them more widely.

The evidence that protective buffering was associated with more distress for both US serving members and their partners (Carter, et al., 2019), was somewhat supported as military partners often expressed ambivalence rather than a positive impact to their wellbeing. The impact on the serving person was not explored. Previous research indicated that partners who

engaged in negative support behaviours and withdrew from the serving person were more likely to have implemented a restive boundary, such as protective buffering (Marini et al., 2019). The current research indicated that some partners did withdraw from the serving person, but that others utilised the couple relationship to cope. Using open communication within the couple relationship appeared to help their wellbeing and coping, as some military partners reported.

Some military partners relied upon and utilised frequent, open communication throughout each phase of deployment, with some partners reporting to struggle without the communication. The perceived usefulness of communication within the couple relationship supported previous quantitative findings of US military spouses (O’Neal, et al., 2018).

Some military partners discussed the negative impact of deployment related issues on their independent identity, mainly employment. The qualitative accounts provided further context to support the recent service families attitude survey (MoD, 2019b), which found that more UK military spouses felt negative about the effect of military life on their career (57%) than any other aspects of military life.

The use of alcohol or substances as a coping strategy was not evident within the military partners’ accounts, contrasting the figures from other UK military partners (Gribble et al., 2018). However, it could have been that partners felt unable to disclose such information, given their disclosures of fear of judgement, or that alcohol use was not their primary way of coping, rather than it not be utilised as a coping strategy.

#### **4.9 Deployment cycles**

Previous efforts to conceptualise the deployment cycle have been methodologically poor. Pincus et al., (2001) proposed a five-stage model of emotional deployment cycles (pre-deployment, three distinct features during deployment, and post-deployment). Davis, Ward

and Storm (2011) critiqued the model for being a largely linear model, where spouses may become “stuck” in a stage. This research supported Davis et al.’s (2011) critiques as this research suggested a circular rather than linear model of deployment, whereby the cycle may repeat multiple times, and where the ‘start’ and ‘end’ of the cycle may not have necessarily related to when the notice for deployment was first given and when the serving person returns. Instead, themes constructed through the research highlighted that the deployment cycle was much more complex than that, with emotional responses and coping beginning much earlier and continuing for much longer than first considered. Further, military partners did not necessarily discuss transitioning through each stage in order to progress to the next stage. The transitioning was apparent physically with the serving person leaving for, and returning from deployment, but not in terms of coping and wellbeing. For example, some partners discussed the initial stage of deployment as being difficult and impacting on their wellbeing, until a time when they had adjusted into a routine. For others, they began adjusting into a new routine before the military partner had even left for deployment, to make the transition easier, in their opinion.

Further, Vincenzes et al. (2014) proposed a three-stage deployment cycle. As already discussed, the current research conceptualises deployment as much more complex and changeable for military partners, with different experiences across multiple aspects rather than pre-, during and post-deployment. Further, there did not appear to be one trajectory for all military partners in the current study, and emotional responses and ways of coping varied depending on the other themes discussed, such as powerlessness and the impact of the military, the identities adopted or attempted to be utilised, and perception of threat and perceived ways of coping.

The deployment cycle hypothesised for military partners with children and the changes to co-parenting across the deployment cycle (DeVoe et al., 2019) appear to resonate with the

current study. Some partners discussed the challenges of supporting children throughout all stages of deployment, and the challenges associated transitioning from a family, to single parenting, and back again.

#### **4.10 Limitations and strengths**

An aim of the original study was to broaden the recruitment of participants to be more inclusive (Bennett, 2017). However, the sample was mostly representative of married females, despite open recruitment, and so had not met the aim to be more inclusive of a wider range of military partners. Though the research aim had not been met as stated, the current research adds values in providing an account from a relatively limited UK perspective and providing recommendations for clinical practice within a UK population and highlighting areas of future research.

Data were collected between May and September 2016 and so likely captured many partners who had experience of deployments to high risk and widely publicised locations such as Iraq or Afghanistan. As such, the levels of distress and reported difficulties may be different to other deployments or to more recent times. Though this is speculation, and if data were collected currently, it may still capture many partners with experience of perceived high risk deployments.

One small challenge was employing a social constructionist approach to a research project with secondary data. It was not possible to construct the research questions or the chosen method to best promote a social constructionist approach. Despite these challenges, a social constructionist approach seemed the most appropriate and was utilised in line with the views of the researchers and the key theories of the project. Thematic Analysis was utilised to be flexible with the data and account for the wide range of military experiences from an

under-represented group of military partners and accounting for the theories employed deductively.

From a TA perspective, the research followed the guidelines set out by Braun and Clarke (2006; 2013) and further considered the 15-point checklist of criteria for a good thematic analysis (Braun & Clarke, 2006, pp96) throughout to ensure good quality qualitative analysis. For example, the epistemological view underpinning the TA was made clear throughout the research, to be transparent about any assumptions about the data, personal assumptions and researchers views of the ‘world’ and ‘reality’.

## **4.11 Extended Recommendations**

### ***4.11.1 Clinical Implications***

As the research showed multiple factors influencing military partners, such as the wider culture, social identities (expected, enacted or desired) and their own individual ways of coping or views, it is important for interventions to be targeted as systemic or group-level, rather than an individual level which would place an emphasis to change upon the military partner. As such, community psychology approaches may be useful; community psychology promotes early, proactive and preventative methods, at a group not individual, level to enhance positive health and wellbeing, rather than aiming to solely reduce ill health and difficulties (Kagan et al., 2020).

*Community psychology offers a framework for working with those marginalised by the social system that leads to self-aware social change with an emphasis on value based, participatory work and the forging of alliances...It is community psychology because it emphasises a level of analysis and intervention other than the individual and their immediate interpersonal context. It is community psychology because it is nevertheless concerned with how people feel, think, experience and act as they work*

*together, resisting oppression and struggling to create a better world* (Burton, et al., 2007, pp. 219).

Further, community psychology is concerned with social justice, the context that the person resides in, and the influences of power within a system which can impact on and maintain individual distress (Smail, 2005), sharing similarities with cultural and feminist psychological perspectives. As such, community psychology approaches would be a suitable recommendation to promote health, wellbeing and equality for military partners. There are a number of ways in which community psychology informed approaches could be introduced to establish relationships and promote collaboration, participation and commitment between military partners, the military, health care services, and other stakeholders.

Firstly, it would be important for Clinical Psychologists and other professionals to develop a greater cultural competence and awareness of the military; this could be developed through training events facilitated by or joined by those with lived experience of the military, and through understanding military partners' experiences from research conducted, such as the current study.

Another proposal would be through information sharing from the military and health services, to the military partner, but also from the military partner to the military and health services, for all involved to have a better understanding of the experiences and opportunities available. As some partners were unaware of support available or had experienced a difficult deployment and thus perceived following deployments as more threatening, and perceived their inability to cope, there is evidently a need for clear signposting preventative measures. Such preventative measures could be in the form of collaboratively developed (psycho-) educational leaflets and materials, as discussed in the journal, provided to military partners prior to a deployment with information regarding expectations, stress and coping. These



could include sharing a written narrative of military partners' deployment-related experiences detailing the differing psychological adjustments that military partners may face: those who reported a positive psychological adjustment, those who reported somewhat ambivalence in that deployment is something that partners can become "used to" or "routine", or those who report repeated distress. Sharing these experiences may normalise the varying experience and help military partners to understand or reduce expectations placed upon them. Following this, it would be useful to develop psychoeducational resources on ideas to cope, manage stress and explore the benefits and challenges associated with the military culture and differing identities. These could include practical support and ways of coping which may allow those receiving the information to consider their own individualised ways of coping. The resources could be co-developed between military partners and mental health professionals to promote wellbeing.

Also, there appears to be a clear need for peer support. The military, associated organisations, and military partners could use these findings to provide or offer support to partners, provide opportunities to build relationships and social systems within the military culture, and opportunities and advice about how to maintain existing couple relationships and social support through communication during deployment. In a similar manner to already proposed psychoeducational materials, perhaps this could be facilitated through information-sharing and leaflets with invites to events and helpful tips from other military partners, when there is any indication that the serving person may be deployed, and perhaps again when the deployment date has been given, and the serving person has been deployed. Further, similar support opportunities could be facilitated through peer-led support groups developed by military partners. It would be beneficial to research the effectiveness of such interventions. Peer support interventions may be particularly applicable for military partners experiencing loneliness, given the impact of loneliness on other aspects of wellbeing, mental and physical

health and coping, yet peer support may be of benefit to many military partners. Further exploration of potential barriers to accessing peer support would be important given some findings in the current research about coping, identities and perceptions of support available.

From a family systems perspective, distress was considered as interpersonal, and caused by difficulties within the systems and subsystem in adapting to environmental and developmental change (Vetere, 2001). As many military couples experience repeated deployments, it is important that they are supported to enhance their existing resources and skills to flexibly adapt, should they wish. As such, methods that have been found to be effective for military partners and their systems should be further researched to explore their utility as clinical interventions or for information to be given to the military couple in relation to deployment. For example, communication within the system has been shown to be useful for military couples, and could be effective proactively, particularly at times of change (Vetere, 2001). Further research would be needed to explore whether there is sufficient need within military families for structural family therapy approaches, and if so, the feasibility of such. From a theoretical perspective, it may offer the opportunity for military partners, the serving person and other members of the familial system to engage in therapeutic interventions together, as proposed by previous research (Hollingsworth, 2011).

#### ***4.11.2 Future Research***

According to recent military statistics, 7% of military partners are male (MoD, 2019a). The current study only gained a sample of 1% and even though both figures are small, further research should seek to engage male military partners and understand their experiences. Male partners have been further neglected from research into military partners, as most tends to only focus on or recruit women. As such, male military partners may be more marginalised and require efforts to provide inclusion and give a voice, within research and wider society. Similarly, as the original research (Bennett, 2017) had an unmet aim to be

more inclusive of a broader range of military partners, and thus the sample of the current study remained somewhat limited, it would be important for future research to explore experiences, such as those in non-married relationships and to be more inclusive of military partners of all genders and sexuality. As the current research explored military partners' experiences as a collective, it may be missing the nuances which may be specific to individual branches of the military. Future research may benefit from exploring each branch individually to consider any differences within culture, expectations, and social identity. Similarly, community psychology approaches which have been recommended within the current research, may be further refined for implementation across branches.

Further research would be needed to explore the experiences of partners who appeared ambivalent about repeated deployments, to understand if this was related to acceptance, resignation, or rather avoidance, denial and feeling overwhelmed. These would allow for tailored interventions to support coping for a range of military partners' experiences.

From a cultural psychology perspective, it was important to understand the influence of cultural views and expectations on individuals and found that military partners were impacted by the military cultural expectations, whether they identified with it or not. As such, it would be important for the military organisation to understand the impact on partners and offer more support and knowledge for military partners. Further, cultural interpretations or expectations can be carried forward to the next generation and so it would be useful to consider the impact of the military culture on children and generate ways of supporting children within the military culture.

## **Critical reflections**

### **Research design**

The research project changed focus during the three-year timescale and so the research process was challenging at times<sup>41</sup>. Initially, the proposed research was designed to have two phases: first, to utilise the existing data for secondary data analysis to generate themes, and then second, use the themes constructed to inform the development of an interview schedule. The second phase was initially designed to be the focus of the study, to interview military partners about their deployment experiences and further explore areas generated from the themes of existing data. However, once ethical approval was gained to access the anonymised secondary data, it was clear that the great volume of data had richness and detail. During supervision, and with an additional discussion with research tutors, it was deemed that the research aims could be answered with the data from the existing, secondary data and the decision was made to remove the second phase of the proposed research. In hindsight, it would have been more streamlined and a more effective use of time in early stages of project development if the project design had not changed. However, I am glad that the project changed. I was able to spend much more time on data that was already collected and invest in the experiences that 388 people decided to share.

### **Epistemological position and methodology**

A social constructionist approach (Burr, 2015) was embedded within the research process, given the researchers own views and the importance of social constructionist views in feminist and cultural theories. Reflexivity is essential within such an approach (Bolam et al., 2003). Epistemological reflexivity considers how the assumptions affect how the research was conducted, the research question was defined, the design of the study, method of analysis, what was found and to consider the limitations of what was found (Willig, 2008).

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<sup>41</sup> See Appendix D for excerpts from the reflective diary

As the research utilised secondary data, epistemological reflexivity was not possible, for the current researchers, in considering how data were collected through online surveys and the phrasing of questions asked. As such, the use of secondary data in written form meant that at times the exploration of context and meaning from military partners was not possible, when it would have been beneficial to ask more or to follow up on some of their points and stories that they shared. Despite this, I felt a sense of connection with, and emotions from the words. Similarly, there was a noticeable incongruence between questions that were asked during the online survey (i.e. 'how did you feel during deployment') and the answers given by military partners. At times, some partners responded very practically, devoid of emotions and focused on other aspects of deployment or on the impact on the serving person not themselves. However, such experiences were still captured within the codes and in the themes constructed.

Despite the inability to consider epistemological reflexivity within data collection, it was considered in other areas of the research and the research process, underpinning the research with a social constructionism standpoint throughout; we often discussed such topics within supervision. Within future research, I would continue to consider epistemological reflexivity throughout the whole process and would continue with supervision relating to reflexivity, finding the discussions valuable to keep the research congruent and on track.

Personal reflexivity was utilised throughout the research process to consider how my own values, experiences, interests, political commitments, and social identities have shaped the research. I considered my reflections from a feminist perspective quite regularly; I have been open about my views and beliefs regarding independence and equality for all, regardless of gender, age, class, race, etc. At times, I noticed I would be aligning with the accounts from military partners with similar views or perhaps initially experienced more empathy for those powerless to inequality. However, throughout the process, I was aware of my views and

made conscious effort to include and attend to the views of all military partners, through supervision and the reflective diary. These included the views of military partners who were proud of their roles as military partners and were invested in their military identity and supporting the needs of the military and the serving person.

Personal reflexivity also considers how the research may have affected the researcher. I feel that I have begun to increase cultural competence by considering research into cultural psychology principles generally, and the findings relating to military culture specifically. Within clinical practice, I aim to consider cultural influences and values more openly, and attend to the interactions between cultural values, familial beliefs or values and the influence on individuals. It would also be important to reflect on individuals' perceptions of mental health and mental health services from a cultural perspective.

### **Ethical and theoretical considerations**

During the research process, mainly through the process of constructing findings and writing up the research, there were ethical or theoretical considerations. A potential ethical issue arose when considering the findings in relation to recommendations, mainly, to whom were the recommendations aimed at. There appeared three main areas to which recommendations could be made, the military, and health, social and support services, and for future research. Working in the NHS as a trainee clinical psychologist, I felt more comfortable making recommendations to health care providers and professionals (including considerations for my own practice) who may benefit from understanding more about the military culture and ways of support military partners to access and within services. Also, having conducted the research, I felt able to make recommendations for potential interesting, beneficial, and important areas to explore further in the future. However, I found it more difficult to make recommendations in line with the military. I wonder if I felt a sense of powerlessness, mirroring that of military partners, in what I could recommend the military to

consider in relation to military partners. Or perhaps it was the process of my own self-invalidation leading to powerlessness in viewing the research as being unable to create change in a longstanding institution. At times, I felt concerned about how research done by non-military researchers would be received by those in the military culture, given the strong ‘in-group’ identity. However, through the research, we aimed to promote change where change can be of benefit to a marginalised group of (mostly) women. I feel privileged to witness their experiences and see the bravery in the stories that they shared. Therefore, it was important to reflect their experiences in the recommendations to all parties involved.

To address (in part) the theoretical issues of investigating another culture different from my own, from a cultural perspective, I attended a workshop for healthcare employees to understand more about military culture. I think this was very important for the research to develop more understanding of the cultural ethos, language, expectations, and experiences common in the military. The use of language within the data was very interesting, promoting or maintaining a sense of hierarchy, and an ‘in-group’ versus ‘out-group’ mentality. The language used also highlighted the power some had, and powerlessness for others. Similarly, I thought there appeared lots of incongruence with language used, compared to the actual meaning or felt sense. For example, those who expressed they “just get on with it” but struggled and experienced distress; some accounts felt very emotive, even when using military language to distance from the pain. For example, referring to the “knock at the door” to describe fear of receiving news that the serving person, their intimate partner, had died. At times, I felt upset, angry, or distressed reading some of the accounts by military partners. On other occasions, I felt huge admiration and happiness for the military partners and wanted to share multiple perspectives held by military partners, including evidence of their resourcefulness and not assume the need for professional intervention.

## References

- Aducci, C. J., Baptist, J. A., George, J., Barros, P. M., & Goff, B. S. N. (2011). *The recipe for being a good military wife: How military wives managed OIF/OEF deployment*. The Haworth Press Inc.
- Ashforth, B. E., & Mael, F. (1989). Social identity theory and the organization. *The Academy of Management Review*, 14, 20–39. <https://doi.org/10.5465/amr.1989.4278999>
- Baker, N.L. (2006). Feminist psychology in the service of women: Staying engaged without getting married. *Psychology of Women Quarterly*, 30(1), 1-14. <https://doi.org/10.1111/j.1471-6402.2006.00257.x>
- Basham, V.M. & Catignani, S. (2018). War is where the hearth is: gendered labor and the everyday reproduction of the geopolitical in the army reserves. *International Feminist Journal of Politics*, 20(2), 153-171. <https://doi.org/10.1080/14616742.2018.1442736>
- Bennett, C. (2017). *The mental health of UK military partners and the variability between stages of deployment*. DClInPsy thesis: University of Lincoln.
- Bergmann, J. S. & Renshaw, K.D. (2014). Meaningfulness of Service and Marital Satisfaction in Army Couples. *Journal of Family Psychology*, 28(5), 701–06. <https://doi.org/10.1037/fam0000013>
- Bolam, B., Gleeson, K. & Murphy, S. (2003). “Lay Person” or “Health Expert”? Exploring theoretical and practical aspects of reflexivity in qualitative health research. *Forum: Qualitative Social Research*, 4(2), 211-223. <https://doi.org/10.1080/13562517.2010.515022>
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage.



- Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.
- British Army. (2015). *The army leadership code: An introductory Guide*. [https://www.army.mod.uk/media/2698/ac72021\\_the\\_army\\_leadership\\_code\\_an\\_introductory\\_guide.pdf](https://www.army.mod.uk/media/2698/ac72021_the_army_leadership_code_an_introductory_guide.pdf)
- British Psychological Society. (2011). *Good Practice Guidelines on the use of psychological formulation*. British Psychological Society.
- Brown, R. (2020). The social identity approach: Appraising the Tajfellian legacy. *British Journal of Social Psychology*, 59, 5–25. <https://doi.org/10.1111/bjso.12349>
- Burr, V. (1995). *An introduction to social constructionism*. Routledge.
- Burr, V. (2015). *Social constructionism (3<sup>rd</sup> edition)* Routledge.
- Burton, M., Boyle, S., Harris, C., & Kagan, C. (2007). Community psychology in Britain. In S. Reich, M. Riemer, I. Prilleltensky M. Montero (Eds). *International community psychology: History and theories*. Springer.
- Cafferky, B. M. (2014). How military wives decide what to share with their deployed husbands: A reciprocal process. *Military Behavioral Health*, 2, 153–161. <https://doi.org/10.1080/21635781.2014.901117>
- Carter, S.P., Renshaw, K.D., Allen, E.S., H.J., Markman & Stanley, S.M. (2019). Everything Here is Fine: Protective Buffering by Military Spouses During a Deployment. *Family Process*. <https://doi.org/10.1111/famp.12457>

- Cacioppo, J.T. & Cacioppo, S. (2018). The growing problem of loneliness. *The Lancet*, 391, 426. [https://doi.org/10.1016/S0140-6736\(18\)30142-9](https://doi.org/10.1016/S0140-6736(18)30142-9)
- Chambers, J. E. (2009). *The experience of the operation iraqi freedom wartime deployment for military wives: A qualitative analysis*. (Unpublished doctoral dissertation). Capella University: Minneapolis, Minnesota.
- Cole, R.F. (2014). Understanding Military Culture: A Guide for Professional School Counselors. *The Professional Counselor*, 4(5), 497–504. <http://doi.org/10.15241/rfc.4.5.497>
- Coolican, H. (2019). *Research methods and statistics in psychology* (7<sup>th</sup> Ed.) Routledge.
- Cooper, L., Caddick, N., Godier, L., Cooper, A. & Fossey, M. (2016). Transition from the military into civilian life: An exploration of cultural competence. *Armed Forces and Society*, 44(1), 156-177. <https://doi.org/10.1177/0095327X16675965>
- Cruickshank, J. (2012). Positioning positivism, critical realism and social constructionism in the health sciences: a philosophical orientation. *Nursing Inquiry*, 19(1), 71–82. <https://doi.org/10.1111/j.1440-1800.2011.00558.x>
- Davis, J., Ward, D.B. & Storm, C. (2011). The unsilencing of military wives: Wartime deployment experiences and citizen responsibility. *Journal of Marital and Family Therapy*, 37(1), 51-63. <https://doi.org/10.1111/j.1752-0606.2009.00154.x>
- De Burgh, H. T., White, C. J., Fear, N. T., & Iversen, A. C. (2011). The impact of deployment to Iraq or Afghanistan on partners and wives of military personnel. *International Review of Psychiatry*, 23(2), 192-200. <https://doi.org/10.3109/09540261.2011.560144>.

- DeVoe, E.R., Ross, A.M., Spencer, R., Drew, A., Acker, M., Paris, R. & Jacoby, V. (2019). Coparenting across the Deployment Cycle: Observations from Military Families with Young Children. *Journal of Family Issues*, 1– 23. <https://doi.org/10.1177/0192513X19894366>
- Dingfelder, S. F. (2009). *The military's war on stigma*. Retrieved from <http://www.apa.org/monitor/2009/06/stigma-war.aspx>
- Doherty, W. J., & Beaton, J. M. (2000). Family therapists, community, and civic renewal. *Family Process*, 39(2), 149–161. <https://doi.org/10.1111/j.1545-5300.2000.39201.x>
- Drummet, A. R., Coleman, M., & Cable, S. (2003). Military families under stress: Implications for family life education. *Family Relations*, 52, 279–287. <https://doi.org/10.1111/j.1741-3729.2003.00279.x>
- Enloe, C. (2014). *Bananas, Beaches and Bases: Making Feminist Sense of International Politics*. (2<sup>nd</sup> Ed.) University of California Press.
- Eubanks, T. (2013). Life as a military spouse. *Urologic Nursing*, 33(2), 97-99. doi:10.7257/1053-816X.2013.33.2.97
- Fereday, J. & Muir-Cochrane, E. (2006). Demonstrating rigor using Thematic Analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), 80-92. <https://doi.org/10.1177/160940690600500107>
- Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist*, 55, 647–654. <https://doi.org/10.1037/0003-066X.55.6.647>
- Folkman, S., & Moskowitz, J. T. (2004). Coping: pitfalls and promise. *Annual Review of Psychology*, 55, 745–774. <https://doi.org/10.1146/annurev.psych.55.090902.141456>
- French, J. R. P., & Raven, B. (1959). *The bases of social power*. In D. Cartwright and A. Zander. Group dynamics. Harper & Row.

- Gergen, M. (2001). *Feminist reconstructions in psychology: Narrative, Gender and Performance*. Sage
- Glaser, B.G., & Strauss, A.L. (1967). *The discovery of Grounded Theory: Strategies for qualitative research*. Aldine Transaction.
- Greene, T., Greenberg, N., Buckman, J. & Dandeker, C. (2010) How communication with families can both help and hinder service members' mental health and occupational effectiveness on deployment. *Military Medicine*, 175(10), 745–749. <https://doi.org/10.7205/MILMED-D-09-00278>.
- Gribble, R. (2017). *Social connections among UK military spouses: The influences on wellbeing*. Army Families Federation.
- Gribble, R. & Fear, N.T. (2019). *The effect of non-operational family separations on family functioning and well-being among Royal Navy/Royal Marines families*. Naval Families Federation.
- Gribble, R., Fear, N., & Goodwin, L. (2018a). *Sad, mad, or glad? The mental health and wellbeing needs of UK military spouses*. Presented at Veterans' Mental Health Conference. Kings College London.
- Gribble, R., Thandi, G. K., Goodwin, L., & Fear, N. T. (2018b). Hazardous alcohol consumption among spouses or partners of military service personnel: A systematic review of the literature. *Journal of the Royal Army Medical Corps*, 164, (5), 380–388. <https://doi.org/10.1136/jramc-2017-000845>.
- Gribble, R., Goodwin, L., Oram, S. & Fear, N.T. (2019). 'It's nice to just be you': The influence of the employment experiences of UK military spouses during accompanied

- postings on well-being. *Health Psychology Open*, 6(1), 1-10.  
<https://doi.org/10.1177/2055102919838909>
- Grupe, D.W. & Nitschke, J.B. (2013). Uncertainty and Anticipation in Anxiety: An integrated neurobiological and psychological perspective. *Nature Reviews Neuroscience*, 14, 488-501. <https://doi.org/10.1038/nrn3524>
- Hall, L. K. (2008). *Counseling military families: What mental health professionals need to know*. Routledge.
- Hare Mustin, R. (1987). The problem of gender in family therapy theory. *Family Process*, 26, 15-27. <https://doi.org/10.1111/j.1545-5300.1987.00015.x>
- Hassett, C.L., Sabin- Farrell, R. & Schröder, T. (2020). *The impact of deployment on mental health: a qualitative meta-synthesis of military partners' experiences*. Manuscript in preparation.
- Hawkins, J.D. (2016). *A generic qualitative study of deployment separation of air force nondeployed partners*. Philosophy Dissertation: Capella University.
- Heine, S.J. (2016). *Cultural Psychology: International Student Edition (3<sup>rd</sup> Ed.)* W. M. Norton & Company.
- Henry, J. D., & Crawford, J. R. (2005). The 21-item version of the Depression Anxiety Stress Scales (DASS-21): Normative data and psychometric evaluation in a large non-clinical sample. *British Journal of Clinical Psychology*, 44, 227-239.  
<https://doi.org/10.1348/014466505X29657>
- Hollingsworth, W.G. (2011). Community family therapy with military families experiencing deployment. *Contemporary Family Therapy*, 33, 215-228.  
<https://doi.org/10.1007/s10591-011-9144-8>

- Hyde, A. (2016). The Present Tense of Afghanistan: Accounting for Space, Time and Gender in Processes of Militarisation. *Gender, Place & Culture* 23(6), 857–868. <https://doi.org/10.1080/0966369X.2015.1058759>
- Kagan, C., Burton, M., Duckett, P., Lawthom, R. & Siddiquee, A. (2020). *Critical Community Psychology: Critical action and social change*. (2<sup>nd</sup> Edition). Routledge.
- Khrone, H.W. (2002). Stress and coping theories. *The International Encyclopedia of the Social and Behavioral Sciences*, 22, 15163-15170. <https://doi.org/10.1016/B0-08-043076-7/03817-1>
- Kidder, L. H., & Fine, M. (1987). Qualitative and quantitative methods: When stories converge. In M. M. Mark, & L. Shotland (Eds.) *New directions in program evaluation*, (pp. 57–75). Jossey-Bass.
- Kulak, J.A., Fillo, J., Homish, D.L., Kahn, L. & Homish, G.G. (2019). Substance Use and Mental Health Among Military Spouses and Partners. *Military Behavioral Health*, 7(3), 257-267. <https://doi.org/10.1080/21635781.2019.1591314>
- Knobloch, L.K., Knobloch- Fedders, L.M. & Yorgason, J.B. (2018). Mental health symptoms and the reintegration difficulty of military couples following deployment: A longitudinal application of the relational turbulence model. *Journal of Clinical Psychology*, 75, 742-765. <https://doi.org/10.1002/jclp.22734>
- Langston, V., Gould, M., Greenberg, N. (2007). Culture: What Is Its Effect on Stress in the Military? *Military Medicine*, 172(9), 931–935. <https://doi.org/10.7205/MILMED.172.9.931>

- Lapp, C. A., Taft, L. B., Tollefson, T., Hoepner, A., Moore, K., & Divyak, K. (2010). Stress and coping on the home front: Guard and reserve spouses searching for a new normal. *Journal of Family Nursing*, 16(1), 45-67. <https://doi.org/10.1177/1074840709357347>
- Lazarus, R.S. & Folkman, S. (1984). *Stress, appraisal and coping*. Springer Publishing Company Inc.
- Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, 91, 1-20. <https://doi.org/10.1348/000712600161646>
- Mackie, D. M., & Smith, E. R. (2015). Intergroup emotions. In M. Mikulincer & P. R. Shaver (Eds.), *APA handbook of personality and social psychology* (pp. 1–31). American Psychological Association.
- Marini, C.M., MacDermid- Wadsworth, S., Franks, M.M., Wilson, S.R., Topp, D. & Christ, S.L. (2019). Military Spouses' Self- and Partner-Directed Minimization in the Context of Deployment. *Military Behavioral Health*, 7(3). 245-256. <https://doi.org/10.1080/21635781.2019.1580643>
- Martins, L. C. X., & Lopes, C. S. (2012). Military hierarchy, job stress and mental health in peacetime. *Occupational Medicine*, 62, 182–187. doi:10.1093/occmed/kqs006
- Merriam, S.B. & Tisdell, E.J. (2016). *Qualitative research: A guide to design and implementation*. John Wiley & Sons, Inc.
- Ministry of Defence. (2015). *UK Armed Forces Mental Health: Annual Summary & Trends Over Time*. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/619169/20170615\\_Annual\\_Report\\_14-15\\_Revised\\_O.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/619169/20170615_Annual_Report_14-15_Revised_O.pdf)
- Ministry of Defence. (2019a). *UK Armed Forces Biannual Diversity Statistics 1 October 2019*. Ministry of Defence.

- Ministry of Defence. (2019b). *UK Tri-Service Families Continuous Attitude Survey Results 2019*. Ministry of Defence.
- Minuchin, S. (1974). *Families and family therapy*. Harvard University Press.
- Murphy, D., & Busuttil, W. (2014). PTSD, stigma and barriers to help-seeking within the UK Armed Forces. *Journal of the Royal Army Medical Corps*, 1–5. <https://doi.org/10.1136/jramc-2014-000344>
- Murphy, D., Palmer, E., & Busuttil, W. (2016). Mental Health Difficulties and Help-Seeking Beliefs within a Sample of Female Partners of UK Veterans Diagnosed with Post-Traumatic Stress Disorder. *Journal of Clinical Medicine*, 5(8), 68– 81. <https://doi.org/10.3390/jcm5080068>
- Murphy, D., Palmer, E., Hill, K., Ashwick, R., & Busuttil, W. (2017). Living alongside military PTSD: a qualitative study of female partners' experiences with UK Veterans. *Journal of Military, Veteran and Family Health*, 3(1), 52– 61. <https://doi.org/10.3138/jmvfh.4011>
- Nowell, L.S., Norris, J.M., White, D.E., & Moules, N.J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1). <https://doi.org/10.1177/1609406917733847>
- O'Neal, C., Lucier- Greer, M., Duncan, J.M., Mallette, J.K., Arnold, L. & Mancin, J.A. (2018). Vulnerability and Resilience within Military Families: Deployment Experiences, Reintegration, and Family Functioning. *Journal of Child and Family Studies*, 27, 3250–3261. <https://doi.org/10.1007/s10826-018-1149-6>



- Pincus, S.H., House, R., Christenson, J. & Adler, L.E. (2001). The emotional cycle of deployment: A military family perspective. *US Army Medical Department Journal*, 2, 15-23. Retrieved from <http://cdm15290.contentdm.oclc.org/cdm/ref/collection/p15290coll3/id/898>
- Ramey, K.D. (2015). *The effects of deployment on partner harmony through a feminist perspective*. Philosophy Dissertation: Capella University.
- Redmond, S.A., Wilcox, S.L., Campbell, S., Kim, A., Finney, K., Barr, K. & Hassan, A.M. (2015). A brief introduction to the military workplace culture. *Work*, 50(1), 9–20. <https://doi.org/10.3233/WOR-141987>
- Richards, L. (2015). *Handling qualitative data: A practical guide (3<sup>rd</sup> Ed.)* Sage Publications.
- Salvatore, S. & Pagano, P. (2005). Issues of cultural analysis. *Culture & Psychology*, 11(2), 159-180. <https://doi.org/10.1177/1354067X05052349>
- Smail, D. (2005). *Power, Interest and Psychology; Elements of a Social Materialist understanding of Distress*. PCCS Books
- Smith, J.A. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology'. *Psychology and Health*, 11, 261–71. <https://doi.org/10.1080/08870449608400256>
- Smith, J.A. (2015). *Qualitative Psychology: a practical guide to research methods (3<sup>rd</sup> Ed.)* Sage publications Ltd.
- Spencer-Harper, L. & Murphy, D. (2019). *The together programme: supporting caregiving partners of veterans*. Combat Stress.
- Sullivan, K. S., Hawkins, S. A., Gilreath, T. D., & Castro, C. A. (2020). Mental Health Outcomes Associated With Profiles of Risk and Resilience Among U.S. Army

- Spouses. *Journal of Family Psychology*. Advance online publication. <http://dx.doi.org/10.1037/fam0000702>
- Swartz, L. & Rohleder, P. (2017). Cultural Psychology. In C. Willig & W. Rogers, (Eds). *The sage handbook of qualitative research in psychology*. (pp. 561-571). Sage publications Ltd.
- Swirsky, J.M. & Angelone, D.J. (2016) Equality, empowerment, and choice: what does feminism mean to contemporary women? *Journal of Gender Studies*, 25(4), 445-460. <https://doi.org/10.1080/09589236.2015.1008429>
- Tajfel, H. (1974). Social identity and intergroup behaviour. *Social Sciences Information*, 13, 65–93. <https://doi.org/10.1177/053901847401300204>
- Tajfel, H. (1978). *Differentiation between Social Groups: studies in the social psychology of intergroup relations*. Academic Press.
- Trone, D. W., Powell, T. M., Bauer, L. M., Seelig, A. D., Peterson, A. V., Littman, A. J., ... Boyko, E. J. (2018). Smoking and drinking behaviors of military spouses: Findings from the Millennium Cohort Family Study. *Addict Behaviour*, 77, 121–130. <https://doi.org/10.1016/j.addbeh.2017.09.015>
- Vetere, A. (2001). Structural family therapy. *Child Psychology & Psychiatry Review*, 6(3), 133 – 139. <https://doi.org/10.1111/1475-3588.00336>
- Vetere, A., & Cooper, J. (2000). Working systemically with family violence. In N. Singh, J. Leung & A. Singh (Eds.), *International perspectives on child and adolescent mental health*. Elsevier Science.
- Vetere, A. & Dallos, R. (2003). *Working systemically with families. Formulation, intervention and evaluation*. Karnac.

- Vincenzes, K.A., Haddock, L., & Hickman, G. (2014). The implications of attachment theory for military wives: Effects during a post-deployment period. *The Professional Counsellor*, 4, 122-128. <https://doi.org/10.15241/kav.4.2.122>
- Vogt, D. (2011). Mental Health-Related Beliefs as a Barrier to Service Use for Military Personnel and Veterans: A Review. *Psychiatric Services*, 62(2), 135-142. Retrieved from [https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.62.2.pss6202\\_0135](https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.62.2.pss6202_0135)
- Wessely, S. (2006). Twentieth-century theories on combat motivation and breakdown. *Journal of Contemporary History*, 41(2), 268 – 286. <https://doi.org/10.1177/0022009406062067>
- Westphal, R. & Convoy, S. (2015). Military Culture Implications for Mental Health and Nursing Care. *The Online Journal of Issues in Nursing*, 20, <https://doi.org/10.3912/OJIN.Vol20No01Man04>
- Willig, C. (2008). *Introducing qualitative research in Psychology*. (2<sup>nd</sup> Edition). McGraw Hill.
- Willig, C. & Rogers, W. M. (2017). *The sage handbook of qualitative research in psychology* (2<sup>nd</sup> ed). Sage publications Ltd.
- Wilson, H., & Murray, C. (2016). The experience of deployment for partners of military personnel: A qualitative meta-Synthesis. *Journal of Couple & Relationship Therapy*, 15, 102-120. <https://doi.org/10.1080/15332691.2014.986699>
- Wolff, K.B. (2009). Psychoanalytic Feminism. In J. O'Brien (Ed.) *Encyclopedia of Gender and Society* (pp. 686-688). SAGE Publishing Inc.
- Wood, N. (2018). *The Military Human: Understanding military culture and transition*. York St. John University.

Wong, L. (2000). *Generations Apart: Xers and Boomers in the Officer Corps*. Strategic Studies Institute, U.S. Army War College.

## Appendices

### Appendix A: Ethical approval from the original study

Email confirmation from the University of Lincoln School of Psychology Research Ethics Committee, to Charlene Bennett (as demonstrated in the original thesis). The ethical approval allowed data collection for the secondary data used in this study.

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#### Email Communication



Application for ethical approval - PSY1516134

Dear Charlene

This is to confirm that your application for ethical approval was conditionally approved, pending the following amendments:

- The information sheet needs to say that the study is a joint one with University of Nottingham and University of Lincoln
- Queries about ethics should be directed to [soprec@lincoln.ac.uk](mailto:soprec@lincoln.ac.uk)

Your supervisor can approve / make the relevant changes, there is no need to resubmit

Kind regards

Soprec

School of Psychology Research Ethics Committee  
SOPREC  
College of Social Science  
University of Lincoln, Brayford Pool, Lincoln, Lincolnshire, LN6 7TS  
Email – [soprec@lincoln.ac.uk](mailto:soprec@lincoln.ac.uk)

## **Appendix B: Amendment to ethical approval for secondary data analysis**

The ethical approval for the secondary data was provided within an email trail between representatives from the School of Psychology Research Ethics Committee (SOPREC).



16<sup>th</sup> April 2020

TO WHOM IT MAY CONCERN

This is to confirm that Charlotte Hassett's ethical approval for PSY1516134 '*The impact of deployment on the mental health of military partners.*' was considered and approved by the committee of SOPREC. Subsequent amendments on the 21<sup>st</sup> March 2019 and 22<sup>nd</sup> November 2019, to add new researchers, were also approved.

If you have any queries about the ethical approval, please email [soprec@lincoln.ac.uk](mailto:soprec@lincoln.ac.uk), alternatively call 01522 835510

Kind regards

A handwritten signature in black ink, appearing to read "A Roberts".

Dr Amanda Roberts  
Chair of School of Psychology Research Ethics Sub Committee

pp: By Zoë Mead, Officer of Chair of School of Psychology Research Ethics Sub Committee

## **Appendix C: Examples of coding and theme development**

To demonstrate the process, two examples have been provided.

Firstly, an example of one element of a theme has been followed through from initial coding, to the theme development, to demonstrate the process and transition of data analysis. To showcase this, the ‘powerlessness’ theme has been used, specifically the section relating informational power; “Powerlessness was felt by military partners due to the lack of information shared by the military, in relation to notice, changing dates of deployment and return, but also perceptions of fear or safety for the serving person based on lack of knowledge of their role or deployment location”.

Multiple excerpts shown for coding relating to lack of information, distress and military power, to best illustrate the process of analysis but are not considered an exhaustive or comprehensive representation of the theme.

[Format of Tables (column 1: data; 2: Inductive codes; 3: Deductive codes)].

Unknown at present, so a lot of uncertainty to where, when, how long exactly and so forth. Will he be here for Christmas, will we be posted before, after.	Uncertainty so difficult to make plans	Lack of information creates distress Life on hold waiting for deployment (life on hold waiting for partner to return so system can resume)
--	--	---

Less than 3 <u>weeks notice</u> , with less than 24 <u>hours notice</u> for actual date of departure led to us being in a state of limbo and confusion	Short notice causes confusion In limbo	Military have control/ power and deliver decisions with little notice Lack of information creates distress
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Apprehensive, didn't know if it was going ahead (knew for about a week), told for definite night before and left next morning.	Uncertainty of deployment date creates distress Very short notice	Military have control/ power and deliver decisions with little notice
--	--	---



I'm used to it. I get short notice that he's <u>deploying</u> and he never returns when he's supposed to.	Used to it Short notice and often extended with little notice	Military have control/ power and deliver decisions with little notice Resigned/ powerless
---	--	--

Having things to look forward to <u>helped</u> . Even Christmas wasn't too bad as it was something to get busy organising and family were visiting. However, unexpected extension was awful and as it was last minute there was no opportunity for planning family visits etc. This was by far the worst thing about the whole deployment and the lack of care and communication from his office here was disgraceful and made me feel <u>much,much</u> worse. This contributed massively to feelings of isolation and resentment. It was difficult to cope with the emotional frustration at that time and I was very stressed.	Planning things to keep busy & keeping busy helped Unexpected extension awful- lack of care and communication from military was disgraceful and made it much worse  Felt isolated and resentful towards military  Difficult coping with emotional frustration	Cope by planning for future positive events  Military have control/ power and deliver decisions with little notice with disregard for impact on partners  Unsupported and not considered by the military- increased resentment towards the military
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Following initial inductive, and then deductive coding, codes were exported and grouped.

---

Military have control/ power and deliver decisions with little notice

Military have control/ power and deliver decisions with little notice

Military have control/ power and deliver decisions with little notice

Military have control/ power and deliver decisions with little notice

Feel powerless to partner being taken away

Military partner sees no choice.

Military have all the power over all their lives (powerless)

Military have control/ power and deliver decisions with little notice

Military have control/ power and deliver decisions with little notice

Military have control/ power and deliver decisions with little notice

Powerless to military hierarchy

job comes first Powerless to say no

Military have control/ power and deliver decisions with little notice

Military have control/ power and deliver decisions with little notice

Military have control/ power and deliver decisions with little notice

---

Unable to prepare due to regular changing plans		
Partner stressed when he left due to uncertainty		
Practicalities of uncertainty of deployment stressful		
Uncertainty creates fear	No idea what to expect.	
Petrified doesn't begin to describe it.	Anxious due to anticipation/ imaging how it will be	
Uncertainty so difficult to make plans		
Uncertainty about safety, communication increases worry		
Waiting is stressful and causes tension in relationship		
Not knowing increases anxiety	Lack of information creates distress	
Lack of information creates distress	Lack of information creates distress	
Lack of information creates distress	Uncertainty	
Lack of information creates distress (less involved in culture= more difficulties?)		
Lack of information to both partners creates distress		
Lack of information provided creates anxieties		
Lack of information creates distress	Lack of information creates distress	
Limited information creates distress	Uncertainty	Anticipation

---

The summary or groups of codes (some demonstrated here in relation to informational power, and other codes through the same process) were then collated into theme ideas, for example 'power/ hierarchy':

1. Power/ hierarchy:

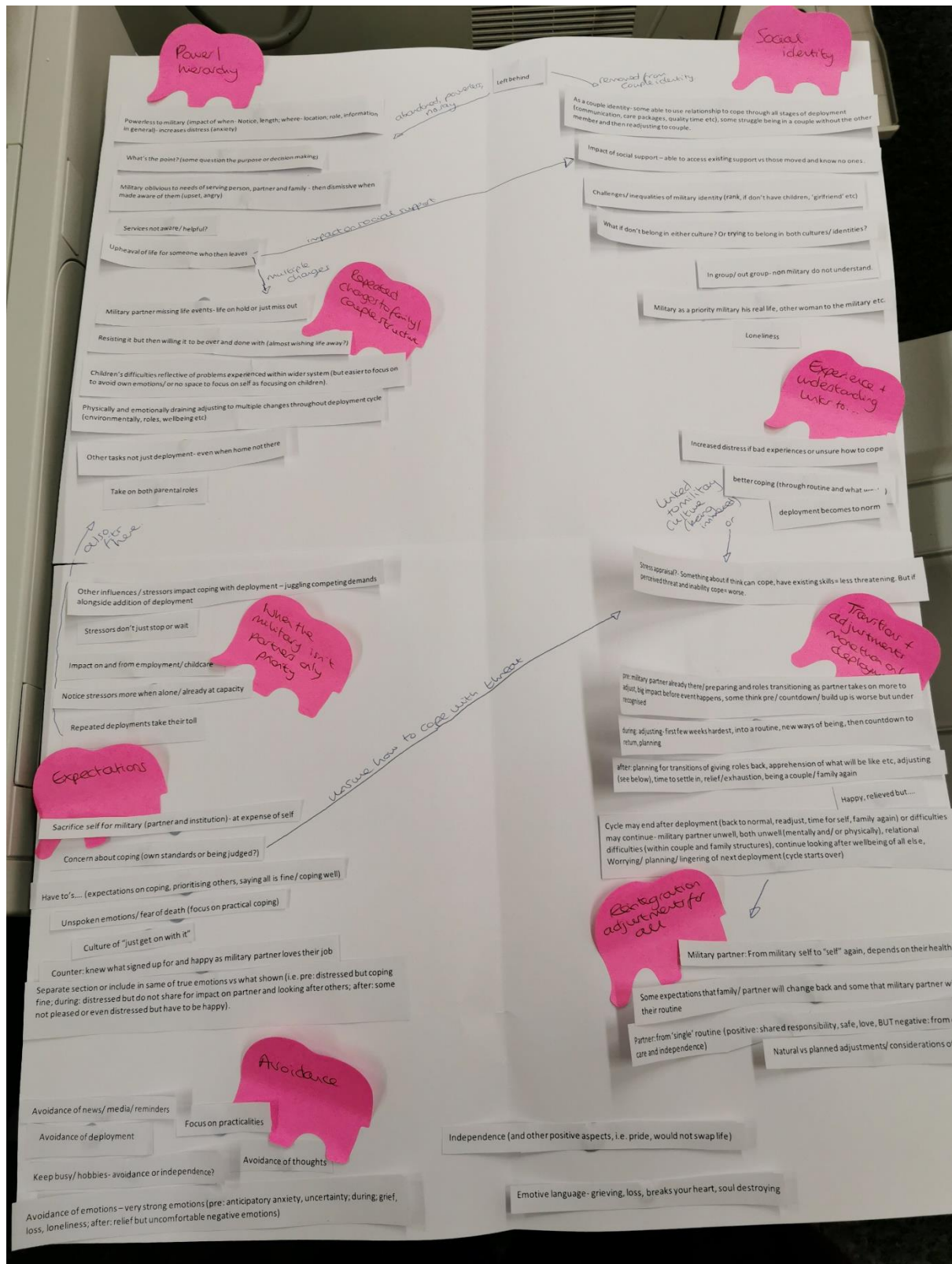
- Powerless to military
- Military have power to deliver decisions with little notice
- Impact of when- Notice, length; where- location; role,
- Lack of information creates distress (i.e. anxiety)
- What's the point? (some question the purpose or decision making)
- Military oblivious to needs of serving person, partner and family - then dismissive when made aware of them (upset, angry)
- Military partner missing life events- life on hold or just miss out
- Services not aware/ helpful

Through refinement, the theme constructed through research, “powerlessness” was developed.

Secondly, an overview of all themes and their development will be shown to provide another example of coding and theme development. The image below (figure 3) indicates a visual representation of (one page of) the very early stages of theme development. The codes were grouped and the pink coloured shapes indicating potential themes.

**Figure 3**

*Visual representation of initial stages of theme development*



Following this, initial groups were devised. The codes represent summary of content rather than individual subthemes (see Table 5):

**Table 5**

*Initial theme development*

Initial proposed theme	Grouped codes supporting theme
1. Power/ hierarchy:	Powerless to military (impact of when- Notice, length; where- location; role, information in general)- increases distress (anxiety) What's the point? (some question the purpose or decision making)
Subtheme of dismissed/ less important:	Military oblivious to needs of serving person, partner and family - then dismissive when made aware of them (upset, angry) Services not aware/ helpful?
2. Conflict between expectations and actual coping	Unspoken emotions/ fear of death (focus on practical coping) Culture of "just get on with it" Have to's.... (expectations on coping, prioritising others, saying all is fine/ coping well) Concern about coping (own standards or being judged?) Other influences / stressors impact coping with deployment – juggling competing demands alongside addition of deployment Notice stressors more when alone/ already at capacity Stressors don't just stop or wait Stress appraisal? - Something about if think can cope, have existing skills= less threatening. But if perceived threat and inability cope= worse. Avoidance (of emotions – very strong emotions (pre: anticipatory anxiety, uncertainty; during; grief, loss, loneliness; after: relief but uncomfortable negative emotions; of thoughts; of news/ media/ reminders; focus on practicalities) Counter: knew what signed up for and happy as military partner loves their job

true emotions vs what shown (i.e. pre: distressed but coping fine; during: distressed but do not share for impact on partner and looking after others; after: some not pleased or even distressed but have to be happy).

### 3. Social identity

Impact of social support – able to access existing support vs those moved and know no ones.

Independence (own hobbies, interests, employment, friends etc)

Other positive aspects, i.e. pride, would not swap life- thriving during deployment as taken on military identity

As a couple identity- some able to use relationship to cope through all stages of deployment (communication, care packages, quality time etc), some struggle being in a couple without the other member and then readjusting to couple.

In-group/ out-group- non-military do not understand.

Challenges/ inequalities of military identity (rank, if don't have children, 'girlfriend' etc)

What if don't belong in either culture? Or trying to belong in both cultures/ identities?

Loneliness – isolation

Sacrifice self for military (partner and institution)- at expense of self

Military as a priority military his real life, other woman to the military etc.

Left behind -marginalise own identity so then have to develop new identity

Post: from 'single' routine (positive: shared responsibility, safe, love, BUT negative: from own self-care and independence)

### 4. Impact of repeated changes to family/ couple structure

Military partner missing life events- life on hold or just miss out

Resisting it but then willing it to be over and done with (almost wishing life away?)

Children's difficulties reflective of problems experienced within wider system (but easier to focus on to avoid own emotions/ or no space to

focus on self as focusing on children).

Physically and emotionally draining adjusting to multiple changes throughout deployment cycle (environmentally, roles, wellbeing etc)

Impact on and from employment/ childcare

Other tasks not just deployment- even when home not there

Take on both parental roles

Repeated deployments take their toll

Upheaval of life for someone who then leaves

5. Transitions and adjustments happening more than just on/ off deployment  
pre: military partner already there/ preparing and roles transitioning as partner takes on more to adjust, big impact before event happens, some think pre/ countdown/ build up is worse but under recognised  
during: adjusting- first few weeks hardest, into a routine, new ways of being, then countdown to return, planning  
after: planning for transitions of giving roles back, apprehension of what will be like etc, adjusting (see below), time to settle in, relief/exhaustion, being a couple/ family again  
Reintegration adjustment (Military partner: From military self to “self” again, depends on their health; Some expectations that family/ partner will change back and some that military partner will fit into their routine)  
Happy, relieved but....  
Cycle may end after deployment (back to normal, readjust, time for self, family again) or difficulties may continue- military partner unwell, both unwell (mentally and/ or physically), relational difficulties (within couple and family structures), continue looking after wellbeing of all else, Worrying/ planning/ lingering of next deployment (cycle starts over)
6. Experience and understanding links to:  
Increased distress if bad experiences or unsure how to cope  
better coping (through routine and what works)  
deployment becomes to norm  
(Is this linked to identifying with military culture as a military partner



through many deployments, or stress appraisal- used to it?)

---

Following discussions within supervision and following reviews of the data and coding, the themes were further revised to synthesis data further (see Table 6).

**Table 6**

*Themes revised through supervision discussions*

Initial proposed theme	Grouped codes supporting theme
1. Power/ hierarchy	<p>Powerless to military</p> <p>Military partner missing life events- life on hold or just miss out (Impact of when- Notice, length; where- location; role, information in general)- increases distress (anxiety)</p> <p>What's the point? (some question the purpose or decision making)</p> <p>Military oblivious to needs of serving person, partner and family - then dismissive when made aware of them (upset, angry)</p> <p>Services not aware/ helpful</p>
2. Conflict between expectations and actual coping	<p>Unspoken emotions/ fear of death (focus on practical coping)</p> <p>Culture of "just get on with it"</p> <p>Have to's.... (expectations on coping, prioritising others, saying all is fine/ coping well)</p> <p>Concern about coping (own standards or being judged?)</p> <p>Other influences / stressors impact coping with deployment – juggling competing demands alongside addition of deployment</p> <p>Notice stressors more when alone/ already at capacity</p> <p>Stressors don't just stop or wait</p> <p>Stress appraisal?- Something about if think can cope, have existing skills= less threatening. But if perceived threat and inability cope= worse.</p> <p>Avoidance (of emotions – very strong emotions (pre: anticipatory anxiety, uncertainty; during; grief, loss, loneliness; after: relief but uncomfortable negative emotions; of thoughts; of news/ media/ reminders; focus on practicalities)</p> <p>Counter: knew what signed up for and happy as military partner loves</p>

their job

true emotions vs what shown (i.e. pre: distressed but coping fine;  
during: distressed but do not share for impact on partner and looking  
after others; after: some not pleased or even distressed but have to be  
happy).

### 3. Social identity

Impact of social support – able to access existing support vs those  
moved and know no ones.

Independence (own hobbies, interests, employment, friends etc)

Other positive aspects, i.e. pride, would not swap life- thriving during  
deployment as taken on military identity

As a couple identity- some able to use relationship to cope through all  
stages of deployment (communication, care packages, quality time  
etc), some struggle being in a couple without the other member and  
then readjusting to couple.

In-group/ out-group- non-military do not understand.

Challenges/ inequalities of military identity (rank, if don't have  
children, 'girlfriend' etc)

What if don't belong in either culture? Or trying to belong in both  
cultures/ identities?

Loneliness – isolation

Sacrifice self for military (partner and institution)- at expense of self

Take on both parental roles

Left behind -marginalise own identity so then have to develop new  
identity

Upheaval of life for someone who then leaves

Post: from 'single' routine (positive: shared responsibility, safe, love,  
BUT negative: from own self-care and independence)

### 4. Transitions and adjustments happening more than

pre: military partner already there/ preparing and roles transitioning as  
partner takes on more to adjust, big impact before event happens, some  
think pre/ countdown/ build up is worse but under recognised

just on/ off  
deployment

Resisting it but then willing it to be over and done with (almost wishing life away?); during: adjusting- first few weeks hardest, into a routine, new ways of being, then countdown to return, planning; after: planning for transitions of giving roles back, apprehension of what will be like etc, adjusting (see below), time to settle in, relief/exhaustion, being a couple/ family again

Reintegration adjustment (Military partner: From military self to “self” again, depends on their health; Some expectations that family/ partner will change back and some that military partner will fit into their routine)

Happy, relieved but....

Children’s difficulties reflective of problems experienced within wider system (but easier to focus on to avoid own emotions/ or no space to focus on self as focusing on children).

Cycle may end after deployment (back to normal, readjust, time for self, family again) or difficulties may continue- military partner unwell, both unwell (mentally and/ or physically), relational difficulties (within couple and family structures), continue looking after wellbeing of all else, Worrying/ planning/ lingering of next deployment (cycle starts over)

Previous experience of deployment cycle Increased distress if bad experiences or unsure how to cope

better coping (through routine and what works)

deployment becomes to norm

(Is this linked to identifying with military culture as a military partner through many deployments, or stress appraisal- used to it?)

Physically and emotionally draining adjusting to multiple changes throughout deployment cycle (environmentally, roles, wellbeing etc)

Other tasks not just deployment- even when home not there

Repeated deployments take their toll

---

Following further discussions within supervision, themes were further synthesised; codes not as relevant to the research question were not included, and all other codes were absorbed into other wider codes.

**Table 7**

*Revised themes for inclusion within the research*

Initial proposed theme	Revised theme name
1. Power/ hierarchy	Powerlessness
2. Conflict between expectations and actual coping	Coping expectations and the conflicting reality
3. Social identity	Tensions between multiple identities
4. Transitions and adjustments happening more than just on/ off deployment	Cycling through transitions

## **Appendix D: Excerpts from reflective diary**

A reflective diary was utilised throughout the whole research process and excerpts are included below to give an indication of its use.

Reflecting on completion of the systematic literature review conducted on a similar topic:

One paper openly discussed their feminist point of view. This is a view that is like my own, and so I found myself feeling frustrated for the partners who were not perceived as important as the male serving person. Also, sharing the view that relationships (whether intimate or otherwise) should be equal and reciprocal. I appreciate this is not everyone else's take on relationships and there will be variations amongst military partners views and military relationships, I would imagine. For me, I think it is being able to freely choose that is most important. Must be cautious and aware of own views when constructing themes for thesis.

Excerpt following attendance at a workshop during project development stages:

I attended training facilitated through my employer regarding the military. It was attended by Clinicians and individuals relating to the military. It was very interesting!! It focused on the transition from serving life into civilian life for veterans, and the support available and needed. I feel like I have a better understanding of the military culture and its values. There was not much mentioned about families or partners though. They spoke a lot about camaraderie amongst serving personnel and that they may develop their own military family and support system with the people that they served with. It made me wonder how their partners fit into that. Difficulties adjusting after deployment and leaving the military were also discussed, with exploration on how the whole family could make adjustments and support the military person to adjust. So I wondered: But who supports those who support them?

Project design/ ethical approval:

Interested in the views of wives and female partners more generally, but also keen to hear from male participants if possible. As it seems that typically male partners have been/ feel unheard in relation to mental and emotional health (linking to stigma in society and wider societal gender roles) and I would like to provide that space/ opportunity if data allows.

Coding:

Lots of codes relating to views that “the others” (non-military people/ civilians) do not understand, and I wondered how a piece of research such as this may be received by a community, when the researchers are non-military. I feel like I want to do it justice and be inclusive, not judgemental or misinterpreting another culture. A reminder to stay close to the data considering both inductive and deductive codes.

Using an interpretative and latent methodology. Concerned about how much interpretation is enough interpretation, but not too much that it is removed from data and more my own thoughts and opinions. Must discuss in supervision to ensure adherence to methodology.

Discussed interpretative and latent coding in supervision to get more clarity on codes. Supervision for coding has been very valuable; supervisors have been able to notice codes that I had perhaps initially neglected or not noticed or coded within the data. Useful to consider for the remainder of the coding to make sure that I am coding everything needed, and to keep using supervision to ensure this is happening.

When coding and reviewing data, there were some quotes which were very emotive. Thoughts around some codes feeling heart-breaking and felt like I wanted to cry. Some codes make me feel angry at the perceived injustice or unfair that some military partners express. Sometimes I wonder how military partners are not crushed under the weight of all the expectations.

## Thesis Poster



# Conceptualising experiences of deployment for partners of currently serving military personnel

Charlotte Hassett, Rachel Sabin-Farrell & Anna Tickle

Trent Doctorate in Clinical Psychology



The University of Nottingham

## Introduction

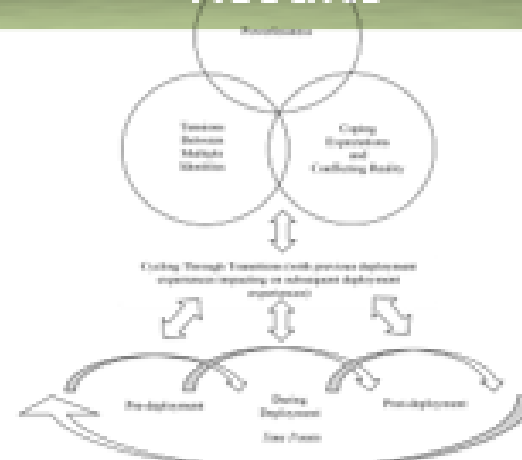
The Armed Forces Covenant (2016), proposes that serving people and their families should not be disadvantaged, yet there is evidence of mental health inequalities for UK military partners, impacted on by the deployment cycle.<sup>1</sup>

The military culture has its own values, beliefs and language. Deployments are considered unique stressors. The military, as a significant institution for military families, and its culture may shape, influence or interact with the family systems rules, roles and the operation of power within the system.<sup>2</sup>

As most partners are female, a feminist psychology perspective can be employed to understand women's experiences and consider the influence of societal institutions on women. US female partners reported a disenfranchised existence, with a number of challenges but benefits to their role and experiences.<sup>3</sup> Such challenges can be in coping; some US partners express they are unsure how to cope, others report a range of strategies. Coping can be considered from a stress appraisal perspective.<sup>4</sup>

**Present Study:** A qualitative investigation of military partners' experiences from the perspective of cultural, feminist and psychological theory (structural family theory, social identity theory and stress appraisal theory) can inform understanding of current experiences of the impact of deployment, coping styles, to inform strategies and interventions to promote wellbeing.

## Results



Four constructed themes (all of which varied and changed at different stages of deployment and impacted on the military partners' perceived wellbeing and mental health):

- 1) **Powerlessness:** A sense of being bottom of the hierarchy, with limited knowledge provided and needs ignored or misunderstood were common throughout deployment, influencing their likelihood to seek help and support from the military, and wider services.
- 2) **Tensions between multiple identities:** Some partners developed or strengthened identities with the military, as a couple, socially or independently. Challenges arose belonging to multiple, conflicting identities.
- 3) **Coping expectations and the conflicting reality:** multiple conflicts between the actual coping that partners reported or implied, versus the expectations placed upon them by the military, their partners or themselves.
- 4) **Cycling through transitions:** From multiple deployments, partners experienced different trajectories and psychological adjustments which contributed to a positive impact on coping and belonging, a sense of 'normal' or acceptance, or for some, hopelessness, resignation or continued, repeated distress.

## Method

**Data collection:** Secondary data were obtained from 388 participants (from an overall sample of 563) who had provided qualitative responses to an online survey between May 2016 and September 2016 regarding the mental health of UK military partners and the variability between stages of deployment.

**Epistemology:** A social constructionist epistemological standpoint informed this study in line with the researchers' beliefs, and principles of cultural and feminist psychology theories.

**Data analysis:** Thematic Analysis (TA)- was implemented for all data. An inductive- deductive TA was chosen as it is a flexible approach enabling the analysis and reporting of patterns across whole data sets. Data were analysed from an inductive perspective first, to reduce bias and stick close to the data, followed by deductive coding to include theoretical perspectives of cultural psychology, feminist psychology, social identity and theories of coping.

**Reflexivity:** Reflexivity was essential to consider the researchers' own beliefs and values that may influence the interpretation of the data. A reflective diary was used throughout the research to account for researchers' own views and decision making.

## Aims

The research aimed to understand:

- 1) How do military partners experience culture and deployment?
- 2) How do military partners perceive their mental health, wellbeing, and identity during deployment?
- 3) How do military partners perceive coping with deployment?

## Discussion

The research offered new contributions regarding the complexity of the deployment cycle and wider difficulties experienced by a marginalised group of (mostly) women relating to power, identity and coping. As such, it would be important for the military organisation to understand the impact on partners and offer more support and knowledge for military partners, potentially through information to reduce the impact of informational power on partners' distress. Community psychology-based approaches, such as collaborative coproduction of psychoeducational information and peer support opportunities, may be beneficial support the health and wellbeing of military partners. Future research should consider the effectiveness, applicability and perceived usefulness of such collaboration opportunities.

**References:** Ministry of Defence (2016). Armed Forces Covenant. <https://www.gov.uk/government/uploads/attachments/a-s-explanation-of-the-armed-forces-covenant>; Bennett, C. (2017). The mental health of UK military partners and the variability between stages of deployment. DClinPsy thesis; Keats, A.P. (2010). Soldiers working internationally: Impacts of masculinity, military culture, and operational stress on cross-cultural adaptation. *International Journal of Advanced Counseling*, 32, 290-303. <https://doi.org/10.1007/s10947-010-9107-z>; Vetere, A. (2001). Structural family therapy. *CALF Psychology & Psychiatry Review*, 6(4), 133 - 139. <https://doi.org/10.1331/1475-3588.00036>; Adcock, C. J., Baglioni, J. A., George, J., Barros, P. M., & Goff, B. S. M. (2011). The recipe for being a good military wife: How military wives managed OIF/OEF deployment. The Haworth Press Inc.; Lazarus, R.S. & Folkman, S. (1984). Stress, appraisal and coping. Springer Publishing Company Inc.; Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063a>



**Small Scale Research Project**

**Motivation to lead in Trainee Clinical Psychologists: Service Evaluation of Trent  
Doctorate Programme**

Charlotte L. Hassett, David M. Gresswell, Sarah Wilde

## **Abstract**

This service evaluation explored whether the Trent programme develops skills in trainees to produce graduates who are confident in leadership, within the context of the National Health Service and reflecting the British Psychological Society's views of leadership.

Mixed methods design surveys were administered to prospective-, current-, and alumni trainee Clinical Psychologists on the Trent doctorate programme, enquiring about their view of leadership, motivation to lead and aspects of the course that are helpful, and which need further development. Data collected from 92 individuals were analysed using Content and Thematic analyses.

From the Thematic Analysis, three themes emerged concerning the meaning of leadership: 1) Professional Identity, 2) Improving the quality of services (team; organisations and wider context), 3) Professional skills. Overall, leadership was found to be important to the role, with prospective trainees reporting that leadership influenced their decision to apply to the programme. Moreover, participants felt confident in leadership skills, and that the Trent doctoral programme helped develop their leadership skills, with the alumni participants demonstrating a greater motivation to lead. Placement, group work and specific modules were identified as contributing to the development their leadership skills, but more teaching on leadership is needed. Recommendations have been suggested to improve the development of leadership skills on the Trent Programme.

This service evaluation is the only audit of leadership in the Trent programme, and the findings will contribute to the existing body of reviews in this area.

**Keywords:** Leadership, Clinical Psychology, Motivation to lead, NHS.

## Introduction

The Trent Doctorate in Clinical Psychology (University of Lincoln and University of Nottingham) is one of 30 training programmes in the United Kingdom (UK) approved by the Health and Care Professions Council and is British Psychological Society (BPS) accredited, which leads to a professional qualification in Clinical Psychology. The Trent programme offers multiagency and multidisciplinary approach, fostering a collaboration between then Universities and three surrounding National Health Service (NHS) Trusts. The programme recruits 16 trainee Clinical Psychologists per academic year; 25% of each cohort currently on the programme are male.

The programme offers training for a variety of skills necessary for undertaking the role as a qualified clinical psychologist, including professional, clinical and strategic skills. Healthcare organisations (including the NHS) require effective leadership behaviours to deliver high quality care, especially when creating and effecting service change (West *et al.*, 2015). According to West *et al.*, (2015, 2), leadership is “the most influential factor in shaping organisational culture, so ensuring the necessary leadership behaviours, strategies and qualities are developed is fundamental”, which could account for the development of NHS leadership frameworks over the last 16 years, to continue improving the quality of services and care provided. The ‘Leadership Qualities Framework’ (NHS, 2003) was replaced by the ‘Clinical Leadership Competencies Framework’ (NHS, 2011) in 2011, and later reviewed and replaced with ‘Healthcare Leadership Framework’ (NHS, 2013), which is currently implemented within the NHS. The 2013 framework was designed for all NHS staff to develop as leaders, regardless of whether they had formal leadership roles. Skills and values of 2013 framework were grouped into nine domains: 1) Inspiring shared purpose; 2) leading with care; 3) evaluating information; 4) connecting our service; 5) sharing the vision; 6) engaging the team; 7) holding to account; 8) developing capability; and 9) influencing for results.

Similarly, the BPS (one of the governing bodies for Clinical Psychologists) also emphasises the importance of leadership, providing a framework of proposed skills that trainee and qualified Clinical Psychologists can bring to leadership (Table 8). The BPS (2010, 1) states “leadership behaviour enables organisations not only to cope with change but also to be proactive in shaping the future”.

As the NHS (2013) and the BPS (2010) frameworks have emphasised the importance for Clinical Psychologists to utilise leadership skills, it can be assumed that training programmes would promote leadership skills to potential trainee Clinical Psychologists. Eighteen out of 30 training programmes in the UK state ‘leading’ or ‘leadership’ within their aims and ethos, and another nine programmes mention ‘leadership’ only in module or assessment titles; nine programmes failed to mention leadership (Clearing House, 2018). Therefore, more emphasis on the importance of leadership is needed for all courses, in line with NHS and BPS frameworks. The Trent programme advertises that *“Our graduates have the confidence to perform as highly effective individual clinicians and in the leadership and consultancy roles expected of the clinical psychologist of the future”* (Clearing House, 2018).

The ‘Alternative Handbook’ (BPS, 2018), which collates feedback from Trainee Clinical Psychologists regarding their training programme, indicates that Trainees rarely report on leadership skills. Almost 50% of Trainee Clinical Psychologists on the Trent programme reported models of leadership and consultancy were “not covered to date”. The Trent programme teaches models for service and organisations within the third and final year, which may account for this finding; there were only two mentions of leadership by trainees on the Trent programme and both reflected that leadership is considered in third year. Given the limited reference to leadership, it could be surmised that Trent programme trainees did not deem leadership important. However, leadership was only mentioned in the alternative handbook for thirteen of the 30 training programmes, indicating a wider issue that trainee Clinical Psychologists, in general, have not considered leadership. Of the thirteen programmes which had trainee responses regarding leadership, trainees from Oxford University reported positive feedback about the programmes’ approach to leadership more than any other programmes.

Leadership skills in Clinical Psychologists are important in the NHS, BPS, and for some training programmes, yet trainee feedback from the ‘Alternative Handbook’ (BPS, 2018) does not indicate that leadership is a prevalent discussion topic among Trainee Clinical Psychologists.

## Psychologist

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### Clinical

Formulation skills from one or more psychological model to inform intervention (1a<sup>42</sup>)

Awareness/ building/ maintenance of interpersonal relationships (2a)

An understanding of the emotional impact of change (including resistance) (3a)

Self- reflection / helping others to reflect (4a)

Emotional intelligence/ resilience (5a)

Able to lead on complex psychometric testing (6a)

Comprehensive psychological assessment including risk (7a)

### Professional

Skills in coordinating research teams (supervisors, governance officers, collaborators) (8a)

Experience training other professionals within the team (9a)

Understanding of diversity, values, ethics and integrity (10a)

### Strategic

Critiquing the literature and guidelines regarding therapeutic interventions used in service (11a)

Ability to use evidence, data collection, outcomes and audit to constructively critique current service practice (12a)

### Clinical

Broad knowledge of different therapeutic models that are used to lead a client's care (1b)

Reflection and awareness of systemic issues operating within teams/ able to lead team dynamic discussions (2b)

Encourage team reflection on current/ innovative practice (3b)

Psychological perspective on multifarious health and mental health presentations (4b)

Ability to develop and operationalise clinical and service evaluation outcomes (5b)

### Professional

Application of different psychological models to supervision and consultation to other professionals (6b)

Training other professionals in the applications of complex psychological models (7b)

Conflict management skills (8b)

Participate in and oversee research projects (9b)

### Strategic

Able to construct and share service development plans (10b)

Influence organisational policies and procedures (11b)

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Table 8: BPS proposed skills of leadership (BPS, 2010).

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<sup>42</sup> Numbering of the statements in this table (1-12a; 1-11b) will correspond with graphs and description reporting this data in the Results section.

Motivation to Lead (MtL) has also been considered in leadership literature: “an individual differences construct that affects a leader’s or leader-to-be’s decision to assume leadership training, roles, and responsibilities and that affects his or her intensity of effort at leading and persistence as a leader” (Chan and Drasgow, 2001, 482). As a dynamic attribute, MtL can change based on the leadership experiences associated with professional career progression (Porter *et al.*, 2019). The MtL scale demonstrated validity over and above other predictors such as general cognitive ability, values, and personality in the prediction of leadership potential (Chan and Drasgow, 2001). The affective- identity leadership subscale is adopted in this evaluation, as the items measured were consistently related to self-efficacy (Chan and Drasgow, 2001); high scores in the affective- identity (leader identity) indicate individuals who enjoy and are confident in being a leader, view themselves as a natural leader, with leadership qualities (e.g., being outgoing and sociable), they value achievement, and generally have more leadership experiences (Chan and Drasgow, 2001). Additionally, Gregor and O’Brien’s (2015) found individuals, from a sample of female doctoral students from counselling and clinical psychology programmes, who perceived themselves as having ‘leader’ characteristics (affective- identity) were more interested in future leadership positions. Further, it was concluded that doctoral programmes were well positioned to offer opportunities to facilitate students’ leader identity development, by giving feedback on trainees’ leadership skills and providing opportunities for leadership roles. Murphy (2018; 2019) found that Trainee Clinical Psychologists’ on the Oxford programme scored lower on MtL (affective- identity) when compared to the original samples of Singapore military recruits, Singapore Junior College students and US undergraduate students reading introductory Psychology (Chan and Drasgow, 2001), indicating that Trainee Clinical Psychologists may not initially identify as potential leaders (Murphy, 2018). To increase MtL and leadership skills, Murphy (2018; 2019) implemented a leadership development programme, incorporating theoretical, observational, and experiential approaches for Trainee Clinical Psychologists, which demonstrated a significant increase in MtL and leadership self-efficacy, which were maintained at the end of training and one- year after qualification.

To enhance leadership development for effective leadership in Clinical Psychology, it is important to understand Trainee Clinical Psychologists’ views on leadership, their MtL within their role, and the perceived effectiveness of the Trent training programme in developing leadership skills.



## **Aims**

This service evaluation had four standards to audit against:

1. Do prospective, current and alumni Trainee Clinical Psychologists' views of leadership in Clinical Psychology reflect NHS and BPS frameworks that inform the Trent programme?
2. Is the Trent programme attracting trainee Clinical Psychologists who are motivated to lead?
3. Are current and alumni Trainee Clinical Psychologists as confident in their leadership skills as the Trent programme advertises?
4. How effective do current and alumni Trainee Clinical Psychologists consider the Trent doctoral programme to be in helping develop their leadership skills?

## **Method**

### **Sample and recruitment**

Prospective Trainee Clinical Psychologists were recruited on their interview day between 29<sup>th</sup> April 2019 and 3<sup>rd</sup> May 2019, through opportunity sampling, by distributing a feedback survey at the end of the selection process. Completion was voluntary, anonymous and would not impact the results of their interview. The Trainee Clinical Psychologists and Alumni were selected via a purposive sampling method. Potential participants were emailed with information about the service evaluation and a link to the Qualtrics survey, between 29<sup>th</sup> April 2019 and 29<sup>th</sup> May 2019.

In total, 92 participants were recruited, consisting of prospective trainee clinical psychologists who attended the selection day for the Trent programme ( $n = 51$ ), trainee clinical psychologists who were completing the programme ( $n = 36$ ), and Alumni who had graduated from the programme, qualifying or working as a Clinical Psychologist from the end of the 2018 academic year ( $n = 5$ ). The trainee clinical psychologists consisted of first years ( $n = 14$ ), second years ( $n = 16$ ) and third years ( $n = 6$ ).

### **Measures**

Prospective trainees answered Likert scales and questions embedded in the selection day evaluation form. Participants were provided with the Clearing house (2018) statement and asked to rate on a five-point Likert scale as to how much it impacted their application to the

Trent course (1 = not at all; 5 = a lot). Participants rated their perceived importance of leadership in Clinical Psychology from “very unimportant” to “very important”, and completed open-ended questions regarding 1) the perceived importance of-, 2) and meaning of leadership to Clinical Psychology, and 3) their expectations of the Trent programme in developing leadership skills.

Qualtrics surveys were completed by Trainee Clinical Psychologists and Alumni, which included open-ended questions regarding their perceived importance and meaning of leadership to Clinical Psychology. Participants rated the importance of leadership in Clinical Psychology from “very unimportant” to “very important” on a ten-point Likert scale.

Both online surveys included the list of proposed skills that Trainee Clinical Psychologists can bring to leadership (BPS, 2010) and participants were asked to rate on a five-point Likert scale (1 = strongly disagree; 5 = strongly agree) for “I feel confident in this skill” and “The Trent doctoral programme has helped me to develop this skill”. For alumni, skills that a ‘practicing Clinical Psychologist’ possesses were also included. Participants were asked to provide qualitative feedback about the effectiveness of the Trent programme and areas that the course could improve to develop leadership skills.

The affective- identity subscale of the Motivation to lead scale (MtL; Chan and Drasgow, 2001), a self-report measure of individual motivation assessing perceptions of self as a leader, was included in both online surveys. Similar studies (Gregor and O’Brien, 2015; Murphy, 2018) have predominately focused on the affective- identity subscale, as will this study. Participants responded to nine items on a five-point Likert scale ranging from 1 (*not at all like me*) to 5 (*very much like me*). Example items included “I am the type of person who likes to be in charge of others” and “I am definitely not a leader by nature” (reverse scored). The measure has a maximum score of 45. Individuals who score highly on affective-identity MtL inherently see themselves as leaders and are intrinsically interested in taking on leadership positions (Chan and Drasgow, 2001). The affective- identity scale has good reliability in the original study (.84- .91; Chan and Drasgow, 2001), as well as across a range of different samples such as Italian undergraduate and graduate students (.82; Bobbio and Rattazzi, 2006), and counselling and clinical psychology doctoral programs in United States of America (.92; Gregor and O’Brien, 2015). Overall, the affective-identity component, compared to the other MTL subscales, has been found to have the highest internal

consistency, the strongest associations with leadership self-efficacy, and is considered the best predictor of leadership outcomes (Chan and Drasgow, 2001).

## **Analysis**

SPSS Statistics v25 was used to analyse the quantitative data collected from the Likert scales, MtL scale (Chan and Drasgow, 2001) and BPS qualities (BPS, 2010). Descriptive analyses were conducted and reported. The qualitative responses to questions about the aspects of the course that helped develop leadership skills, and the areas for improvement, were subjected to Content Analysis to explore the frequency of topics mentioned. Responses to questions regarding further information or any other information, were considered if they fit in one of the two aforementioned questions. Prospective trainees' views of their expectations of the Trent course for leadership was analysed in the same manner. Qualitative responses regarding the meaning and importance of leadership in Clinical Psychology from prospective- current- and alumni Clinical Psychologists were analysed using inductive-deductive Thematic Analysis (TA; Braun and Clarke, 2006). TA "is a method for identifying, analysing, and reporting patterns (themes) within data. TA minimally organises and describes your data set in (rich) detail. However, it also often goes further than this, and interprets various aspects of the research topic" (Braun and Clarke, 2006, 79). The data was analysed deductively, considering information from the BPS (2010) skills that Psychologists should have for leadership, and inductively to consider any themes that may be generated from the data.

## **Results**

The majority of Prospective Trainee Clinical Psychologists reported that the Clearing House statement influenced their decision to apply to the Trent Doctoral programme "a lot". ( $n = 15$ , 31%), with the fewest reporting "not at all" ( $n = 6$ , 12%) (Figure 4).

Most prospective trainee clinical psychologists reported that leadership was very important (50%) or important (35.4%). The highest perceived importance of leadership to the role of (trainee) Clinical Psychologist was reported by Alumni (mean = 9.4, SD= 0.89), followed by first years (mean = 8.57, SD= 1.5), with a decrease in mean scores in third (mean = 8.43, SD= 1.39) and second years (mean = 7.54, SD= 1.56), (Figure 5). However, a one-way ANOVA found no significant difference between year groups for their perceived importance of leadership to the role in the role of a trainee or clinical psychologist ( $F(2,336) = 4.911$ ,  $p = .091$ ).

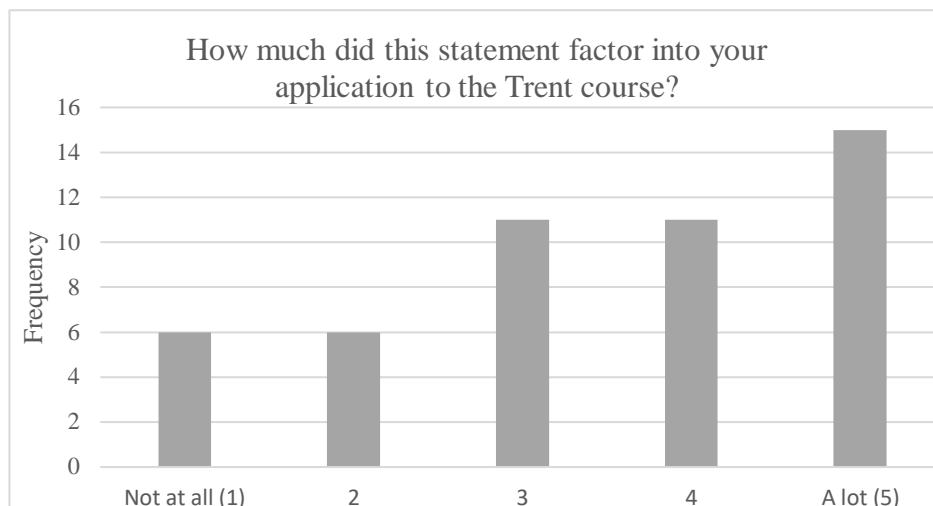


Figure 4: Graph indicating frequency responses to impact of statement on application to the course.

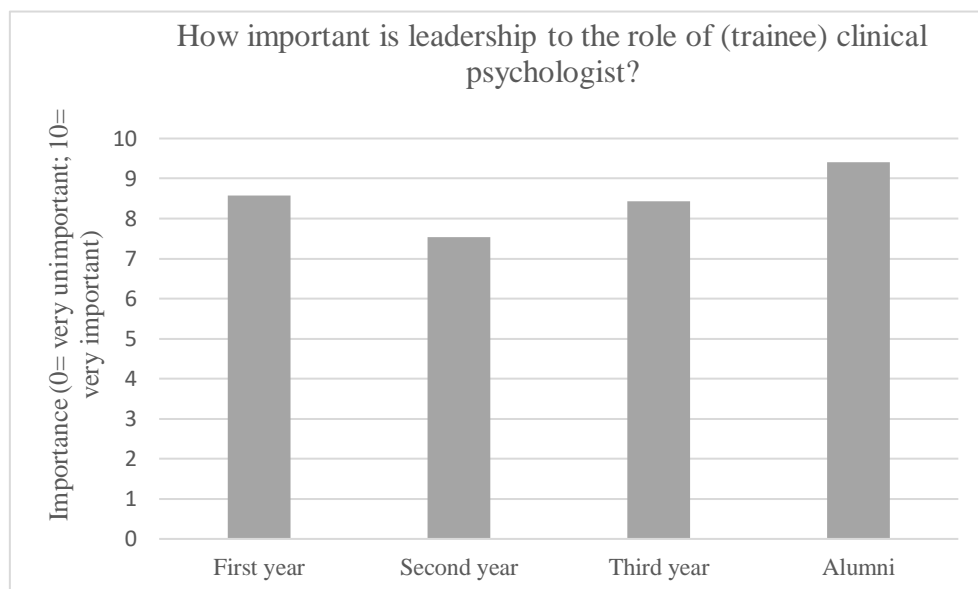


Figure 5: Importance of leadership to the role of (trainee) clinical psychologist.

Regarding the list of proposed skills that Trainee Clinical Psychologists can bring to leadership (BPS, 2010), overall, participants responded favourably to “I feel confident in this skill” and “The Trent doctoral programme has helped me to develop this skill” (Figure 6). Participants reported high scores (mean scores above 4 ‘agree’) for feeling confident in ‘Awareness/ building/ maintenance of interpersonal relationships’(2a), ‘Self- reflection/ helping others to reflect’ (4a), ‘Comprehensive psychological assessment including risk’ (7a), ‘Understanding of diversity, values, ethics and integrity’ (10a), ‘Critiquing the literature and guidelines regarding therapeutic interventions used in service’ (11a), ‘Emotional intelligence/ resilience’ (5a), ‘Formulation skills from one or more psychological model to inform

intervention' (1a), and 'An understanding of the emotional impact of change (including resistance)' (3a). Participants reported the course was helpful in developing 'Formulation skills from one or more psychological model to inform intervention' (1a), 'Critiquing the literature and guidelines regarding therapeutic interventions used in service' (11a), 'Self-reflection/ helping others to reflect' (4a), 'Comprehensive psychological assessment including risk' (7a), and 'Ability to use evidence, data collection, outcomes and audit to constructively critique current service practice' (12a). Low scores (mean scores below 3 'neither agree nor disagree') indicated lack of confidence and feeling the course was not helpful in developing 'Skills in coordinating research teams (supervisors, governance officers, collaborators)' (8a).

Alumni responded favourably to "I feel confident in this skill" and "The Trent doctoral programme has helped me to develop this skill", regarding the list of proposed skills that practicing Clinical Psychologists can bring to leadership (BPS, 2010) (Figure 7). Participants reported high scores (mean scores above 4 'agree') for feeling confident in, and the course was helpful in developing 'broad knowledge of different therapeutic models that are used to lead a client's care' (1b), 'reflection and awareness of systemic issues operating within teams/ able to lead team dynamic discussions' (2b), 'encourage team reflection on current/ innovative practice' (3b), 'psychological perspective on multifarious health and mental health presentations' (4b), 'ability to develop and operationalise clinical and service evaluation outcomes' (5b), 'training other professionals in the applications of complex psychological models' (7b), and 'Influence organisational policies and procedures' (11b). In addition, alumni Clinical Psychologists reported high confidence in being 'able to construct and share service development plans' (10b) but means scores of less than 4 ('agree') were reported for the course being helpful in that area. Mean scores of above 4 ('agree') for the course being helpful in 'participate in and oversee research projects' (9b) but participants did not feel as confident in this area.

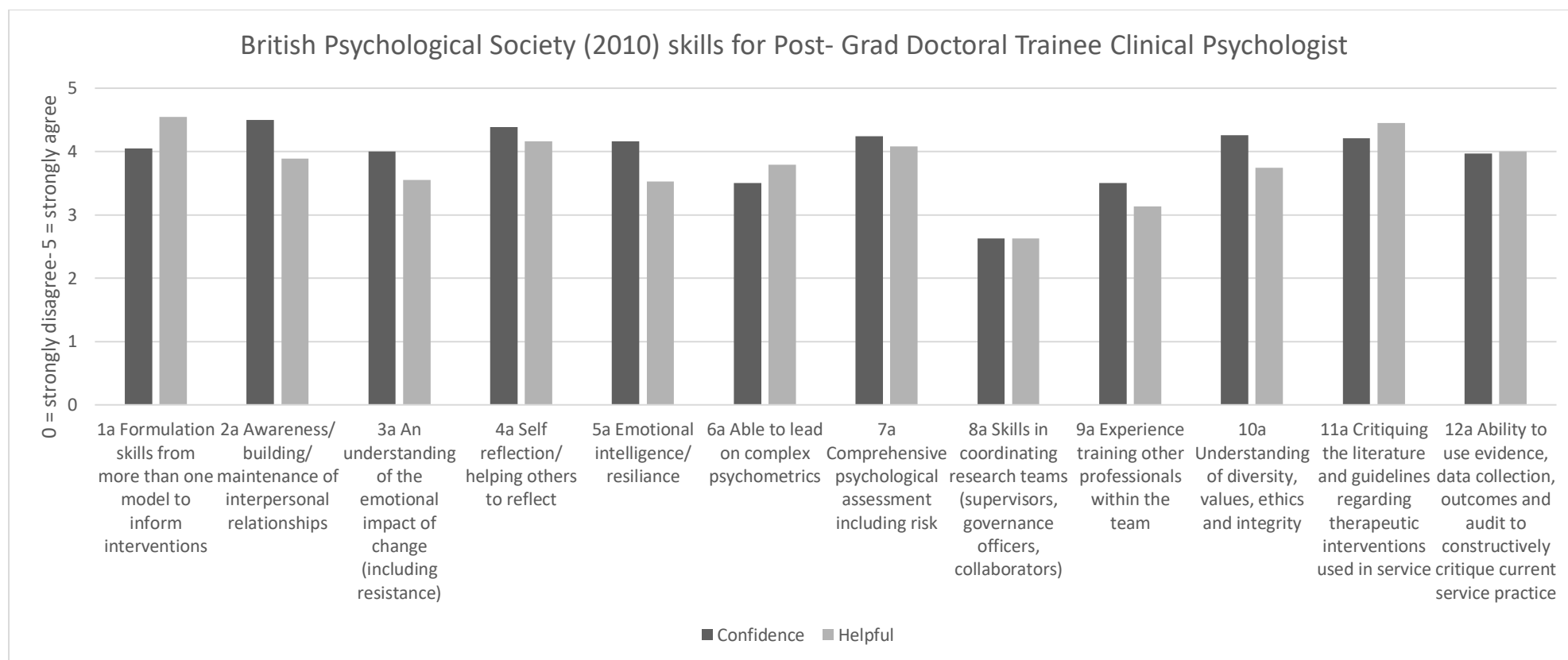


Figure 6: Mean scores for confidence and helpfulness relating to British Psychological Society (2010) skills for Post- Grad Doctoral Trainee Clinical Psychologist.

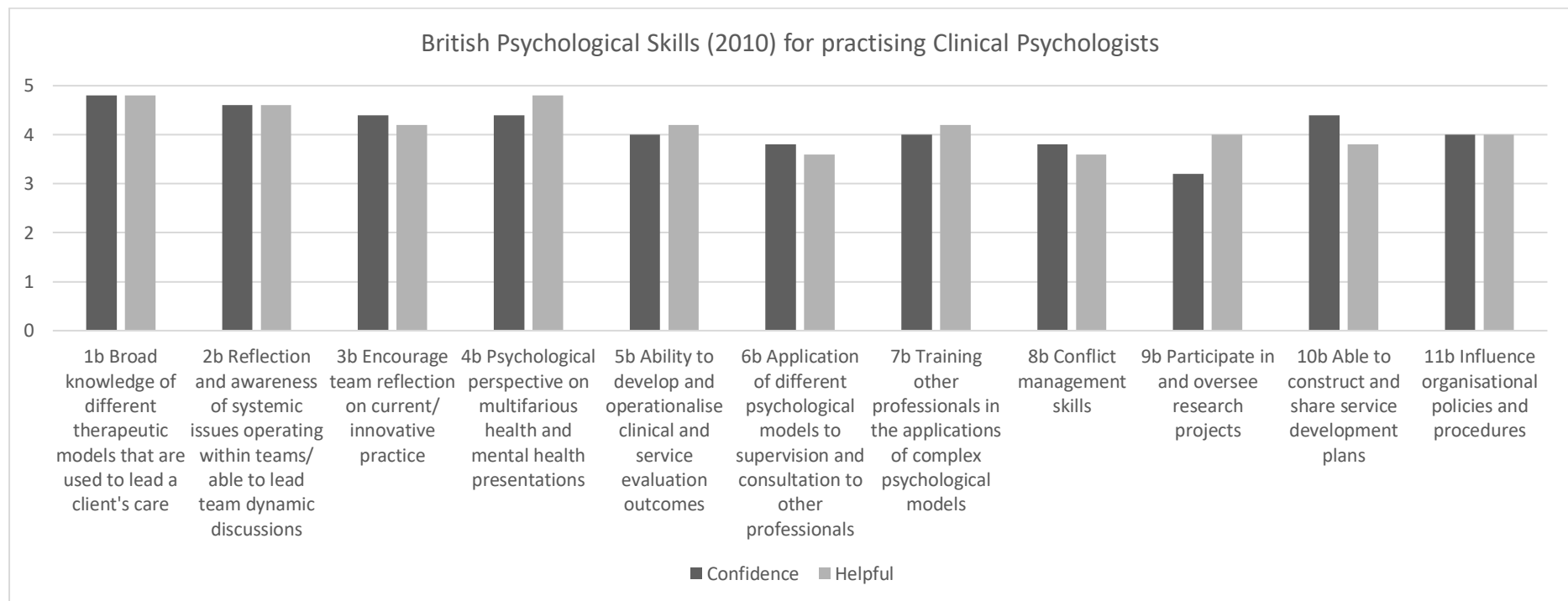


Figure 7: Mean scores for confidence and helpfulness relating to British Psychological Society (2010) skills for Practising Clinical Psychologist.

Alumni are the most motivated to lead compared to all year groups and samples (Table 9). Third year students and Singapore military recruits (Chan and Drasgow, 2001) yielded the lowest scores indicating the least motivated to lead, yet still wielding higher than average motivation to lead scores (on scale 1-5, average being 3). Despite being some differences between samples, a one-way ANOVA found no significant difference between the Trent year groups on their motivation to lead ( $F(1.069), 37.353, p=.375$ ).

Sample	No of participants	Range	Mean	Standard deviation
First Year	14	18-39	30.36	5.528
Second Year	16	22-43	29.69	5.750
Third Year	6	20-42	27.50	8.361
Alumni	5	30-38	33.80	3.347
Singapore Military recruits (Chan and Drasgow, 2001)	1594	* <sup>43</sup>	27.12	6.72
Singapore junior college students (Chan and Drasgow, 2001)	274	*	28.15	6.86
US College Undergraduate students (Chan and Drasgow, 2001)	293	*	31.24	7.39
Counselling psychology doctoral students (Gregor and O'Brien, 2015).	140	12-45	30.97	7.16
Clinical psychology doctoral students (Gregor and O'Brien, 2015)	62	14-45	31.47	7.82

Table 9: Results from the MtL affective- identity scale compared to the original samples (Chan and Drasgow, 2001) and Gregor and O'Brien (2015) results.

The means for each response to all nine items of the MtL scale (1-5 Likert scale) were calculated and compared to Trainee Clinical Psychologist's from Oxford University programme (Murphy, 2019) on the MtL scale. Alumni Clinical Psychologists' were the most

<sup>43</sup> \* indicating data not reported



motivated to lead (Mean = 3.75, SD = 0.37,  $n = 45$ ), followed by First years (Mean = 3.37, SD= 0.61,  $n = 126$ ), Second year (Mean= 3.29, SD= 0.64,  $n = 117$ ), Third year (Mean = 3.06, SD= 0.93,  $n = 54$ ), and Oxford trainees being the least motivated to lead (Mean = 2.84, SD =0.28, range 2.11-3.67,  $n = 381$ ).

From the qualitative responses of 41 participants (36 trainee and 5 alumni clinical psychologists), content analysis was conducted to explore aspects of the “Trent Doctorate Programme that have been particularly effective or helpful in developing leadership skills” and the responses from questions regarding further information or “any other areas of the course you think has helped to develop your leadership skills?”

There were 25 mentions related to Placements being helpful, specifically due to viewing leadership, supervisors, MDT working, supervising others and experiencing service or system change. There were 10 mentions of third year modules, mainly Systems and Organisations (SOS). Also mentioned was the teaching for the specialist module of systemic that some trainees chose and undertook. Being able to formulate from different perspectives (3 mentions) was also a helpful skill that has been taught by the programme.

Quad work or working in groups was mentioned 13 times as being helpful in developing leadership skills, as well as specific learning opportunities such as presentations and public speaking (ten mentions). Reflecting on skills and learning points (five mentions) was also considered effective. Trainees also have opportunities to be part of Committees, which were mentioned seven times as helpful aspects of the course in developing leadership skills.

It was also mentioned frequently that opportunities within first and second year of the course were limited and expected that more opportunities would arise in the third and final year.

Similarly, content analysis was used on responses to “Are there any aspects of the Trent Doctorate Programme that you think need to be developed to be effective or helpful in developing your leadership skills?” and from providing further information.

When undertaking leadership role, most participants considered that more teaching and/or knowledge (22 mentions) would be helpful in developing leadership skills, specifically topics including leadership skills, service development and change, leadership as a newly qualified (not just service and organisation change), and self-care and resilience. Other areas of development could be to assign leaders in quad groups for presentations or group task, to

reflect on the experience and gain informal feedback about leadership skills (six mentions). It was indicated that many modules do not directly focus on leadership but would have many transferable skills.

Prospective trainee Clinical Psychologists' expectations of the Trent programme included skill develop and leadership skills (9 mentions), with three participants specifically expecting confidence in skills and knowledge developed for leadership. Teaching regarding leadership roles, relevant theories and developing theory practice links (six mentions) and opportunities on placement to develop leadership skills such as supervising others and consultancy (four mentions) were also mentioned. Thus, the most frequently mentioned expectations from prospective trainees were similar to the effective and helpful aspects of the Trent programme in developing leadership skills.

From the Thematic Analysis (Braun and Clarke, 2006), there were three emergent themes: 1) Professional Identity, 2) Improving quality of services, i) team working, ii) organisation and wider context, and 3) Professional Skills.

### 1. Professional Identity

This theme captured participants' importance of protecting the profession of Clinical Psychology and showing its worth as being unique and different to other professions. Further, there were expectations of leadership for Clinical Psychologists (and trainees, though less so) from participants, and perceived views that colleagues would expect leadership given the high banding (pay scale) in which Clinical Psychologists receive.

*I think developing leadership skills are important in terms of preparing for qualified life. I feel leadership is becoming ever more important for CPs in terms of justifying our banding and position within services. As other professionals are increasingly trained in a variety of therapeutic modalities it feels important that we are offering something 'unique' or additional to this.*

More so within the context of the current NHS and considerations for the future of the profession within the NHS, as “We are training to be the leaders of the NHS” and thoughts that “the ever-changing landscape of the NHS calls for key skills from Clinical Psychologists”.

### 2. Improving quality of services for service users

There was a sense that effective leadership would include and be necessary “... for the utilitarian purpose of improving services” that are provided so that the care received is improved.

*Use of soft-power to develop services (both at an organisational and individual level) to better fulfil their function of improving the psychological wellbeing of those who require it”*

i. Team

Participants indicated that services could be improved through leadership in multidisciplinary teams, by supporting staff teams to develop psychological thinking and offering alternative perspectives. “Confidently sharing a more psychological perspective can inform the direction of the team and massively impact the care of services users” and “being able to provide a psychological perspective to MDT meetings and lead using this”.

Further improvement could be achieved by developing skills of other professionals to ultimately improve care.

ii. Organisation and wider context

Improving services and quality of care can also occur at an organisational level through developing services and influencing or inputting into service change. Clinical Psychologists can offer “Clinical and evidence-based leadership important to enable the NHS to thrive”. Some participants thought it important to develop leadership skills as trainees to be prepared for leadership as a Clinical Psychologist.

*I think we will be in positions that can bring about change in a national context, through politics and research and therefore I think it is important that we develop leadership skills to best get our messages heard*

Also, wider systemic change was considered an important leadership role to inform national change,

*I think it is a fundamental skill for clinical psychologists in the future- changing and influencing policies and legislation in NHS and broader context. Chance to make a real change.*

and creating change within wider communities to support individuals who are a part of them.

### 3. Professional Skills

Professional skills needed for leadership were considered essential to sustaining professional identity and improving quality of services.

*We have knowledge of theories and research in change, systems and human behaviour. We are also arguably best placed in MDTs to make sense of inter- and inter- personal situations.*

These included support and emotional containment for staff members, providing consultancy, and supervision to others within the team. Also, disseminating or sharing psychological knowledge, informally and more formally; “often it’s about teaching and training, or championing a person-led perspective”. Professional skills such as communication, collaboration and relationship building with other professionals were important to leadership and the role.

*To me leadership means providing guidance and containment to colleagues and working in a collaborative and supportive manner, where both leaders and those who are being led can learn from one another. The bidirectional nature of the relationship feels important to me.*

## Discussion

This service evaluation had four standards to audit against.

### **1: Do prospective, current and alumni Trainee Clinical Psychologists’ views of leadership in Clinical Psychology reflect NHS and BPS frameworks that inform the Trent programme?**

Participants considered leadership to be a part of professional identity, for the purpose of improving the quality of services and care, by using their professional skills. These views support skills needed for effective leadership behaviours to deliver high quality care, especially when creating and effecting service change (West *et al.*, 2015), and were considered important by prospective, current and alumni Trainee Clinical Psychologists from the Trent programme. Such skills will be essential for the progression and enhancement of healthcare organisations (i.e., NHS). Participants shared similar views of leadership to the

domains of the currently implemented ‘Healthcare Leadership Framework’ (NHS, 2013), including sharing psychological knowledge to inform services and care (inspiring shared purpose, sharing the vision), influence service change and wider systemic change (influencing for results), consultancy and supervising teams (leading with care), collaboration and collective learning (engaging the team, developing capability).

## **2: Is the Trent programme attracting trainee Clinical Psychologists who are motivated to lead?**

The ‘Alternative Handbook’ (BPS, 2018) reported very few responses relating to leadership, for the majority of training courses, including the Trent programme, indicating that it may not be considered important. Further lack of responses could have indicated that current and alumni trainee clinical psychologists were not overly motivated to lead. However, participants reported that leadership was important to their role and prospective students reported it was an important factor in their application to the course.

The MtL Scale (Chan and Drasgow, 2001) found that alumni clinical psychologists were the most motivated to lead. However, in comparison to counselling psychology doctoral students, Clinical Psychology doctoral students (Gregor and O’Brien, 2015) and US college undergraduate students (Chan and Drasgow, 2001), all current Trent Trainee Clinical Psychologists were less motivated. However, all current Trent Trainee Clinical Psychologists had more MtL than Singapore junior college students, with first- and second-year trainees also having more MtL lead than Singapore military recruits. The high MtL results for alumni could be due to leadership being crucial to the role of qualified Clinical Psychologists’ but not to trainees, particularly as they report to a supervisor who holds responsibility. It is unclear if small differences were due to cohort effects, developmental or contextual explanations (i.e. previous experience) or the timing of study. Cultural differences may influence MtL as the highest MtL scores (excluding alumni) were from the USA, and the lowest MtL (excluding third years) from Singapore. Further, Trainee Clinical Psychologists from the Trent programme had higher MtL than those from Oxford programme, but the reason for this is unclear.

## **3 and 4: Are current and alumni Trainee Clinical Psychologists as confident in their leadership skills as the Trent programme advertises? How effective do current and**

### **alumni Trainee Clinical Psychologists consider the Trent doctoral programme to be in helping develop their leadership skills?**

Participants reported feeling confident in most skills which the BPS (2010) proposed trainee and qualified Clinical Psychologists can bring to leadership and indicated the Trent doctoral programme was effective in developing just under half of the skills. Participants reported high levels of confidence but low levels of programme effectiveness in developing 'awareness/ building/ maintenance of interpersonal relationships', 'an understanding of the emotional impact of change (including resistance)', 'emotional intelligence/ resilience' and 'understanding of diversity, values, ethics and integrity ', indicating that individuals may have been developed these skills in other contexts or outside of the programme.

Participants reported that the programme helped to develop an 'ability to use evidence, data collection, outcomes and audit to constructively critique current service practice' but participants did not feel confident in this skill. Participants indicated lack of confidence and thought the course was unhelpful in developing 'Skills in coordinating research teams (supervisors, governance officers, collaborators)'.

Further, alumni Clinical Psychologists reported feeling confident and that the programme was effective in developing most skills. Alumni reported confidence in being 'able to construct and share service development plans' but scored the programme as less helpful, indicating that these skills were developed elsewhere. Alumni reported they believed the programme was effective in 'participate in and oversee research projects' but they did not report confidence in this area. Findings suggested that participants think that placements, certain modules (Systems and Organisations; Integrative Specialist Options), and group working were effective aspects of the Trent programme that have helped to develop leadership skills.

Overall, the current study supports Gregor *et al's.*, findings (2015) that doctoral programmes are well-positioned to offer opportunities to facilitate students' leader identity development through feedback on leadership skills and potential for leadership roles. Such skill development is essential for the job role of Clinical Psychologist, for career progression and skills necessary in the current NHS models of leadership. Above all, leadership skills have been highlighted as crucial for improved services and the quality of care received by service users which is the overall aim of healthcare organisations (West *et al.*, 2015).

## **Recommendations to the Trent programme**

- Further develop trainee's confidence and the programmes' effectiveness in coordinating research teams.
- Continue to support and emphasise leadership opportunities on placement and in existing modules, which were reported as strengths and consider the transition from Trainee to Clinical Psychologist.
- Many modules do not directly focus on leadership but would have many transferable skills. The programme could be more explicit about transferable skills throughout the course and could highlight the BPS skills and currently utilised NHS framework to consider in teaching and placements.
- Provide specific teaching to develop leadership, specifically topics such as leadership skills, service development and change, leadership as a newly qualified and self-care and resilience when taking on leadership roles.
- Quad/ group was highlighted as a strength but could be further developed by assigning leaders in quad groups for presentations or group tasks, to reflect on experiences and gain informal feedback about leadership skills.

## **Limitations**

One limitation of this study was that gender was not considered explicitly, which could have provided useful comparisons. Sampling points is another limitation: prospective participants completed the survey at the end of their interview day, so their perceptions of the interviews may have affected outcomes. Though it clearly stated that feedback was anonymous, they may have responded favourably when asked about leadership. Similarly, sampling points may have impacted the responses across year group depending on competing demands. This study used self-report measures so measuring leadership skills in ways such as observations may give better indications of leadership skills.

Further, it could be useful to track participants through the doctorate programme and qualification as Clinical Psychologist, to compare between cohorts, establish cohort effects and track individual progress and motivation to give more tailored recommendations.

## **Acknowledgements**

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## References

- Bobbio, A. and Rattazzi, A.M.M. (2006) A contribution to the validation of the motivation to lead scale (MTL): A research in the Italian context. *Leadership*, 2 (1), 117-129.
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). 77-101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- British Psychological Society (2018). *The Alternative Handbook 2018*. Leicester: The British Psychological Society.
- Chan, K. and Drasgow, F. (2001) Toward a Theory of Individual Differences and Leadership: Understanding the Motivation to Lead, *Journal of Applied Psychology*, 86 (3), 481-498.
- Clearing House (2018). *Clearing House for Postgraduate Courses in Clinical Psychology*. Available from <https://www.leeds.ac.uk/chpccp/> [Accessed 18 July 2019]
- British Psychological Society: Division of Clinical Psychology (2010). *Clinical Psychology Leadership Development Framework*. Leicester: British Psychological Society
- Gregor, M.A. and O'Brien, K.M. (2015) The changing face of psychology: Leadership aspirations of female doctoral students, *The Counseling Psychologist*, 43 (8), 1090-1113.
- Heifetz, R.A. and Laurie, D.L. (2001) The Work of Leadership, *Harvard business review*, 79 (11), 131-141.
- Murphy, D. (2018). *Evaluating outcomes of a leadership development programme for clinical psychology trainees*. Presented at the Group of Trainers in Clinical Psychology Annual Conference: Deeply connected? Innovation, Technology, Interaction & Change, Glasgow, 12- 14 November 2018.
- Murphy, D. (2019) *Am I a leader?" Investigating leader identity in trainee clinical psychologists*. Paper presented at the British Psychological Society - Division of Clinical Psychology Annual Conference, Manchester, 23 -24 January 2019.



NHS Institute for innovation and improvement (2003). *NHS Leadership Qualities Framework: The full technical research paper*. Available from <http://nhsleadershipframework.rightmanagement.co.uk/assets/x/50130>

NHS Leadership Academy (2011) *Clinical Leadership Competencies Framework*. Coventry: NHS Leadership Academy,

NHS Leadership Academy (2013) *The Healthcare Leadership Model: the nine dimensions of leadership behaviour*. Leeds: NHS Leadership Academy.

Porter, T.H., Gerhardt, M.W., Fields, D. and Bugenhagen, M. (2019) An exploratory study of gender and motivation to lead in millennials, *Journal of Social Psychology*, 159 (2), 138-152.

West, M., Armit, K., Loewenthal, L., Eckert, R., West, T. and Lee, A. (2015) *Leadership and Leadership Development in Healthcare: The Evidence Base*. London, Faculty of Medical Leadership and Management.